

230  
51 0501BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0501

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

MRS. GEORGIA LOUISE BASSETT

2. DATE  
OF  
DEATH

JAN. 16, 1951.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

(If not in hospital or institution, give street address or location)

UNION MEMORIAL HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

MD.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

ST. PAUL COURT APARTMENTS # 18

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

JUNE 28, 1900

9. AGE (In years  
last birthday)

50

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

NO. CAROLINA (Goldsborough) U.S. A.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

MR. CHARLES BERGER

14. MOTHER'S MAIDEN NAME

JANE BRITT

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

PATIENT

ADDRESS

3120 St. Paul St.

18.

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHI  
DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) CARCINOMA OF LARGE BOWEL WITH  
DUE TO METASTASIS TO LIVER.

UNKNOWN

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B)  
DUE TO  
(C)II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

JAN. 12, 1951

19B. MAJOR FINDINGS OF OPERATION

CARCINOMA OF BOWEL WITH LARGE HEMORRHAGIC LIVER METASTASIS.

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JAN. 12, 1951, to JAN. 16, 1951, that I last saw the deceased alive on JAN. 16, 1951, and that death occurred at 5:45 AM., from the causes and on the date stated above.

23A. SIGNATURE

Charles N. Smith, Jr.

M. D.

23B. ADDRESS

Union Memorial Hosp.

23C. DATE SIGNED

1/16/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

1 - 18 - 51

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

John O. Mitchell &amp; Sons, Inc.

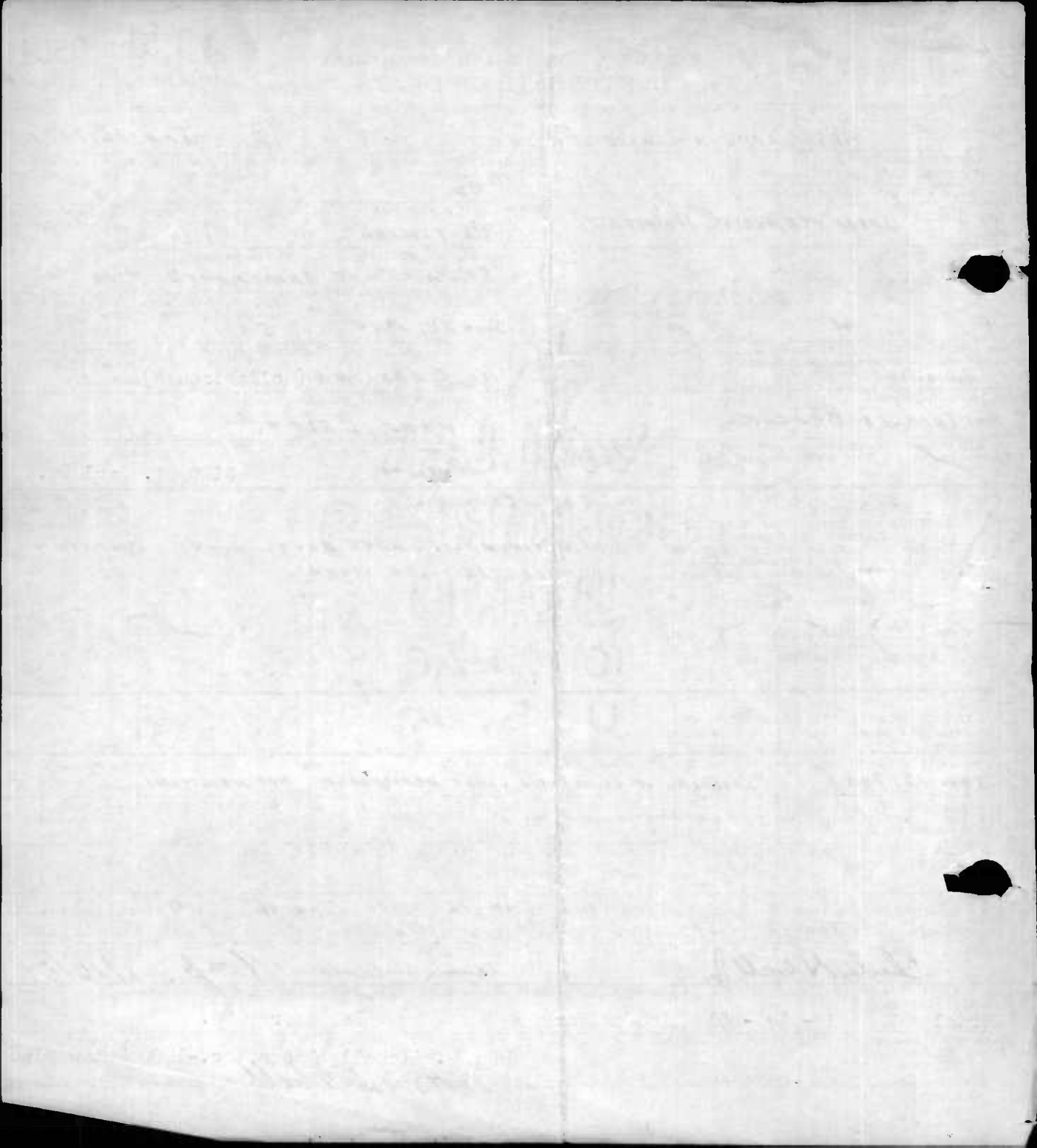
25. FUNERAL DIRECTOR

John O. Mitchell &amp; Sons, Inc.-1900 Eutaw Place

ADDRESS

WMB Mitchell

VS 150





43  
0502

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 0502

BIRTH NO.		1. NAME OF DECEASED (Type or Print) BOSLEY E BAUBLITZ		2. DATE OF DEATH January 17, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore			
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Timonium			
Length of stay in Baltimore 2 Weeks		D. STREET ADDRESS (If rural, give location) York Rd. 5300			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Oct. 9, 1897	9. AGE (In years last birthday) 53	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10B. KIND OF BUSINESS OR INDUSTRY House Bldg.		11. BIRTHPLACE (State or foreign country) Balto. Co., Md	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Alice Baublitz	
				ADDRESS Cockeysville Md	

MEDICAL CERTIFICATION

18. E902.6 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
		(A) Tetanus			
ANTECEDENT CAUSES		DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) Fracture of left leg			
		DUE TO			
		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Housing project		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Baltimore Co. Brooks Rd. Towson, Maryland	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY January 5, 1951 1 Pm.		21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? Slipped and fell from scaffold	
22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE Stanley H. Dureacher M.D.		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED Jan. 17, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Jan. 20 1951		24C. NAME OF CEMETERY OR CREMATORY Bopal	
24D. LOCATION (City, town, or county) (State) Cockeysville, Md		24E. FUNERAL DIRECTOR Sander M. Brooks, Spauldy, Md.		24F. ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR Jan 17 1951		REGISTRAR'S SIGNATURE William Williams		25. FUNERAL DIRECTOR Sander M. Brooks, Spauldy, Md.	

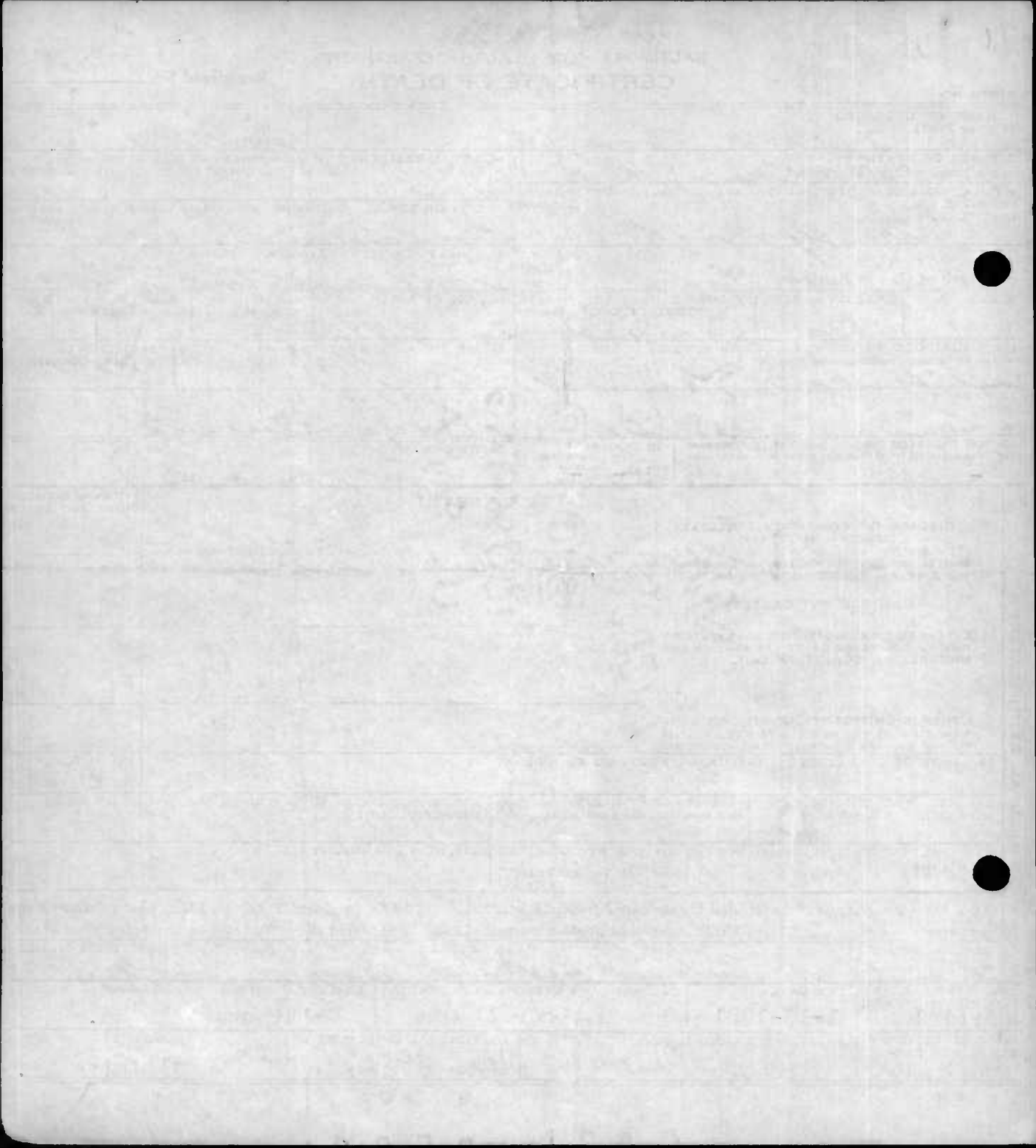
STATE OF NEW YORK  
CERTIFICATE OF DEATH

FILE NO. 100-100000

BIRTH NO.			1. NAME OF DECEASED (Type or Print) <i>John H. Gueuple</i>			2. DATE OF DEATH <i>1/15/51</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Mary Hosp</i>						4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <i>Md</i> B. COUNTY <i>Baltimore</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Mercy Hosp</i>						C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
C. Length of stay in Baltimore <i>Life</i> Yrs. Mos. Days						D. STREET ADDRESS (If rural, give location) <i>1248 Baltimore Ave</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>		8. DATE OF BIRTH <i>July 14 1890</i>	9. AGE (In years last birthday) <i>60</i>			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Supply W. E. Clerk</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Electrical</i>		11. BIRTHPLACE (State or foreign country) <i>Md</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>		
13. FATHER'S NAME <i>Charles Gueuple</i>				14. MOTHER'S MAIDEN NAME <i>Grace Smith</i>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>No</i>				16. SOCIAL SECURITY NO. <i>216-03-3073</i>		17. INFORMANT ADDRESS <i>Hosp Record</i>		

18. <i>443X I</i>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) <i>Myocardial Infarction</i> <i>Endothoracic disease</i> DUE TO	
ANTECEDENT CAUSES	(B) _____ DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C) _____ DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>1/15/51</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>1/13</i> , 19 <i>51</i> , to <i>1/15</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>1/15</i> , 19 <i>51</i> , and that death occurred at <i>3:00 p.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Charles R. Gueuple</i>		23B. ADDRESS <i>Mary Hosp</i>		23C. DATE SIGNED <i>1/15/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>1-18-1951</i>	24C. NAME OF CEMETERY OR CREMATORY <i>New Cathedral</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore Md.</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 17 1951</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, Jr.</i>		25. FUNERAL DIRECTOR ADDRESS <i>John A. Moran 3000 E. Baltimore St.</i>		



100

51 0504

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0504  
Registered No.

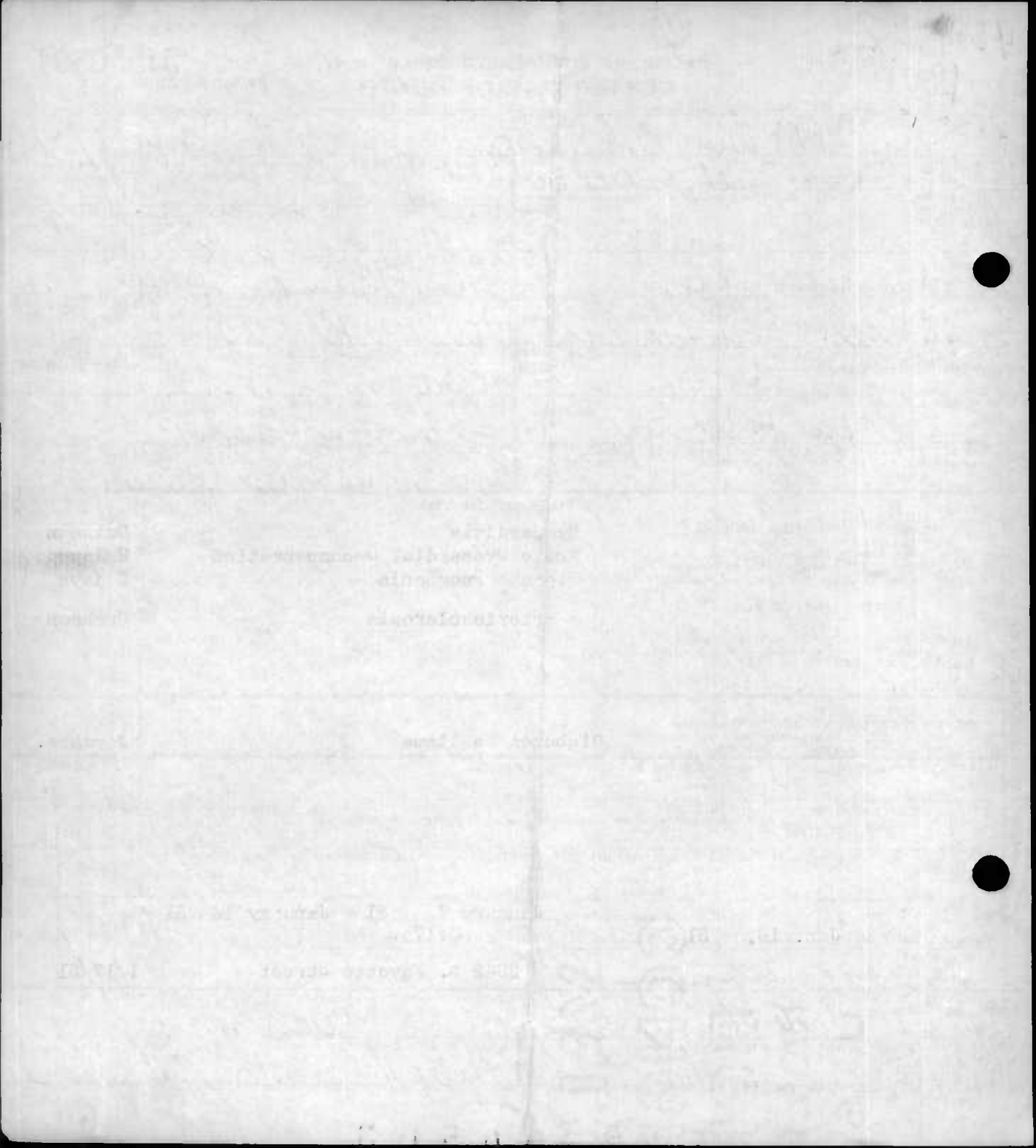
1. NAME OF DECEASED (Type or Print) <i>Mary B. Rapp</i>		2. DATE OF DEATH <i>Jan. 16/51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>3021 Pulaski Hwy</i>		4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>6-01</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, give RURAL and give township) <i>BALTA</i>	
C. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>3021 Pulaski Hwy</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>W.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>April 11-1868</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) <i>82</i>
13. FATHER'S NAME <i>Floren J. Weber</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore Md.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <i>Carolyn Bishop</i>	
17. INFORMANT <i>Mrs. Marie Miles</i>		ADDRESS <i>3021 Pulaski Hwy</i>	

18. <i>422.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH <i>Myocarditis</i> (A) <i>Acute Myocardial Decomensation</i> DUE TO <i>Broncho Pneumonia</i>  (B) <i>Arteriosclerosis</i> DUE TO  (C)	INTERVAL BETWEEN ONSET AND DEATH <i>Unknown</i> <i>9 days</i> <i>9 days</i> <i>Unknown</i> <i>3 years.</i>
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19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *January 7, 1951* to *January 16 1951*, that I last saw the deceased alive on *Jan. 16, 19 51*, and that death occurred at *3:17p.m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Ph. Herwig</i>		23B. ADDRESS <i>2942 E. Fayette Street</i>		23C. DATE SIGNED <i>1/17/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>1/20/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Baltimore</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore</i>		24E. FUNERAL DIRECTOR <i>Philip Herwig Son Orleans St</i>		24F. ADDRESS <i>2024</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 18 1951</i>		REGISTRAR'S SIGNATURE <i>William Williams</i>		24G. ADDRESS <i>2024</i>	





420

51 0505

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 0505

BIRTH NO. 51-00993

1. NAME OF DECEASED  
(Type or Print)

BABY GIRL ROELKE

2. DATE  
OF  
DEATH

JAN 14, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MD

5. FULL NAME OF

(If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

UNION MEMORIAL HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE, 18, MD

D. STREET ADDRESS (If rural, give location)

2774 ALAMEDA BLVD

C. Length of stay in Baltimore

2

Yes  
No  
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

1-12-51

9. AGE (in years  
last birthday)If Under 1 Year  
Months Days  
If Under 24 Hours  
Hours Min.

- 2 - -

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

INFANT

NONE

11. BIRTHPLACE (State or foreign country)

BALTIMORE, MD

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

EARLE H. ROELKE JR.

14. MOTHER'S MAIDEN NAME

MARY FRANCIS McCARTY

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

-

17. INFORMANT

ADDRESS

FATHER

2774 Alameda Blvd.

18. 7675 I CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

PREMATURITY + ATELECTASIS

INTERVAL BETWEEN  
ONSET AND DEATH

2 DAYS

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) DUE TO  
(C) DUE TO

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

NONE

19B. MAJOR FINDINGS OF OPERATION

-

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-12, 1951, to 1-14, 1951, that I last saw the deceased alive on 1-13, 1951, and that death occurred at 7:00 A. m., from the causes and on the date stated above.

23A. SIGNATURE

Allan J. Wolinski

M. D.

23B. ADDRESS

Union Memorial Hospital

23C. DATE SIGNED

1-14-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

cremation

24B. DATE

1-15-51

24C. NAME OF CEMETERY OR CREMATORY

Union Mem. Hosp.

24D. LOCATION (City, town, or county) (State)

Balto - 18 Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Washington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Harvey M. Aron, Dept. of Pathology

JAN 18 1951

VS 150

159

MEDICAL CERTIFICATION



DAVE GIRL R. ELKE

NO

BRITISH 12.10

11.10.11

11.10.11

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11.10.11

11.10.11

11.10.11

11.10.11

U.S.A.

LC 144833

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 0506

BIRTH NO. 51-0506 340

1. NAME OF DECEASED  
(Type or Print)

Baby Girl, Finney

2. DATE  
OF  
DEATH

Jan 6, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTE Baltimore City Hospitals

4940 Eastern Avenue

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)  
A. STATE MarylandC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
BaltimoreD. STREET ADDRESS (If rural, give location)  
2205 Barclay Street

Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
Single

8. DATE OF BIRTH

Jan 6, 1951

9. AGE (in years  
last birthday)If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.  
2 5710A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

William Finney

14. MOTHER'S MAIDEN NAME

Fannie Britt

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.17. INFORMANT ADDRESS  
Records Baltimore City Hospitals  
4940 Eastern Avenue

18.

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Congenital Atelectasis

DUE TO

Life

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 6, 1951 to Jan 6, 1951 that I last saw the  
deceased alive on Jan 6, 1951 and that death occurred at 7 AM, from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

1/5/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Cremation

24B. DATE

1-11-51

24C. NAME OF CEMETERY OR CREMATORY

B. C. Hospitals

24D. LOCATION (City, town, or county)

4940 Eastern Ave.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 18 1951

VS 150

161a

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MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

51 0507  
Registered No.

BIRTH NO. 50-18779

1. NAME OF DECEASED (Type or Print) <i>Carol Ann Goddard</i>			2. DATE OF DEATH <i>Jan. 17, 1951</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>25-33</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>46 Lutheran Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
C. Length of stay in Baltimore <i>4 Mo.</i>			D. STREET ADDRESS (If rural, give location) <i>2442 Wilgrey Court</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Child</i>	B. DATE OF BIRTH <i>Aug. 24, 1950</i>		9. AGE (In years last birthday) <i>4</i> Months <i>27</i> Days <i>27</i> Hours <i>Min.</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Child</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Child</i>	11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13. FATHER'S NAME <i>Clearence Goddard</i>			14. MOTHER'S MAIDEN NAME <i>Mildred H. Legourd</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>NO</i>		16. SOCIAL SECURITY NO. <i>NO</i>	17. INFORMANT ADDRESS <i>Mrs. Margaret Legourd 2940 Winchester</i>		

18. <i>501X I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Tracheobronchitis</i> DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Pneumothorax</i> (C) DUE TO		

19A. DATE OF OPERATION <i>2</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from *1-16* 19*51* to *1-17* 19*51*, that I last saw the deceased alive on *1/17, 1951*, and that death occurred at *3:00* m., from the causes and on the date stated above.

23A. SIGNATURE *Jerome Gaber* M. D. 23B. ADDRESS *Lutheran Hosp* 23C. DATE SIGNED *1/17/51*

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>1/19/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Loudon Park</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 18 1951</i>		REGISTRAR'S SIGNATURE <i>William Williams</i>	25. FUNERAL DIRECTOR ADDRESS <i>John T. Stansbury 2700 Edmondson Av.</i>

100-00000

CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age		4. Date of Death	
5. Place of Birth		6. Usual Residence		7. Cause of Death		8. Manner of Death	
9. Signature of Physician		10. Signature of Registrar		11. Signature of Informant		12. Signature of Medical Examiner	
13. Signature of Coroner		14. Signature of Jury		15. Signature of Judge		16. Signature of Clerk	
17. Signature of Sheriff		18. Signature of Constable		19. Signature of Justice		20. Signature of Notary	
21. Signature of Minister		22. Signature of Priest		23. Signature of Rabbi		24. Signature of Imam	
25. Signature of Other		26. Signature of Other		27. Signature of Other		28. Signature of Other	
29. Signature of Other		30. Signature of Other		31. Signature of Other		32. Signature of Other	
33. Signature of Other		34. Signature of Other		35. Signature of Other		36. Signature of Other	
37. Signature of Other		38. Signature of Other		39. Signature of Other		40. Signature of Other	
41. Signature of Other		42. Signature of Other		43. Signature of Other		44. Signature of Other	
45. Signature of Other		46. Signature of Other		47. Signature of Other		48. Signature of Other	
49. Signature of Other		50. Signature of Other		51. Signature of Other		52. Signature of Other	
53. Signature of Other		54. Signature of Other		55. Signature of Other		56. Signature of Other	
57. Signature of Other		58. Signature of Other		59. Signature of Other		60. Signature of Other	
61. Signature of Other		62. Signature of Other		63. Signature of Other		64. Signature of Other	
65. Signature of Other		66. Signature of Other		67. Signature of Other		68. Signature of Other	
69. Signature of Other		70. Signature of Other		71. Signature of Other		72. Signature of Other	
73. Signature of Other		74. Signature of Other		75. Signature of Other		76. Signature of Other	
77. Signature of Other		78. Signature of Other		79. Signature of Other		80. Signature of Other	
81. Signature of Other		82. Signature of Other		83. Signature of Other		84. Signature of Other	
85. Signature of Other		86. Signature of Other		87. Signature of Other		88. Signature of Other	
89. Signature of Other		90. Signature of Other		91. Signature of Other		92. Signature of Other	
93. Signature of Other		94. Signature of Other		95. Signature of Other		96. Signature of Other	
97. Signature of Other		98. Signature of Other		99. Signature of Other		100. Signature of Other	

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

51 0508

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

Agnes Cholewczynski (AKA West)

2. DATE  
OF

DEATH Jan. 15, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland 120 S. Chapel St.,

B. FULL NAME OF HOSPITAL OR INSTITUTION

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

120 S. Chapel St.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
Married

8. DATE OF BIRTH

Dec. 4, 1903

9. AGE (in years last birthday)

47

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

At home

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)  
No.

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Edmund Cholewczynski 120 S. Chapel St.

18. 443X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

CEREBRAL HEMMORHAGE

HYPERTENSIVE CV. DISEASE

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

5 yrs

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 18, 1951 to Jan 15, 1951, that I last saw the deceased alive on JAN 13, 1951 and that death occurred at 2 P m., from the causes and on the date stated above.

23A. SIGNATURE

Stephen O. Mockewiale M. D.

23B. ADDRESS

6714 Holabird Ave

23C. DATE SIGNED

1/16/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Jan. 18, 1951

24C. NAME OF CEMETERY OR CREMATORY

Zion Cemetery

24D. LOCATION (City, town, or county) (State)

Stemmers Run, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

Ullrich Funeral Home 2008 Orleans St.

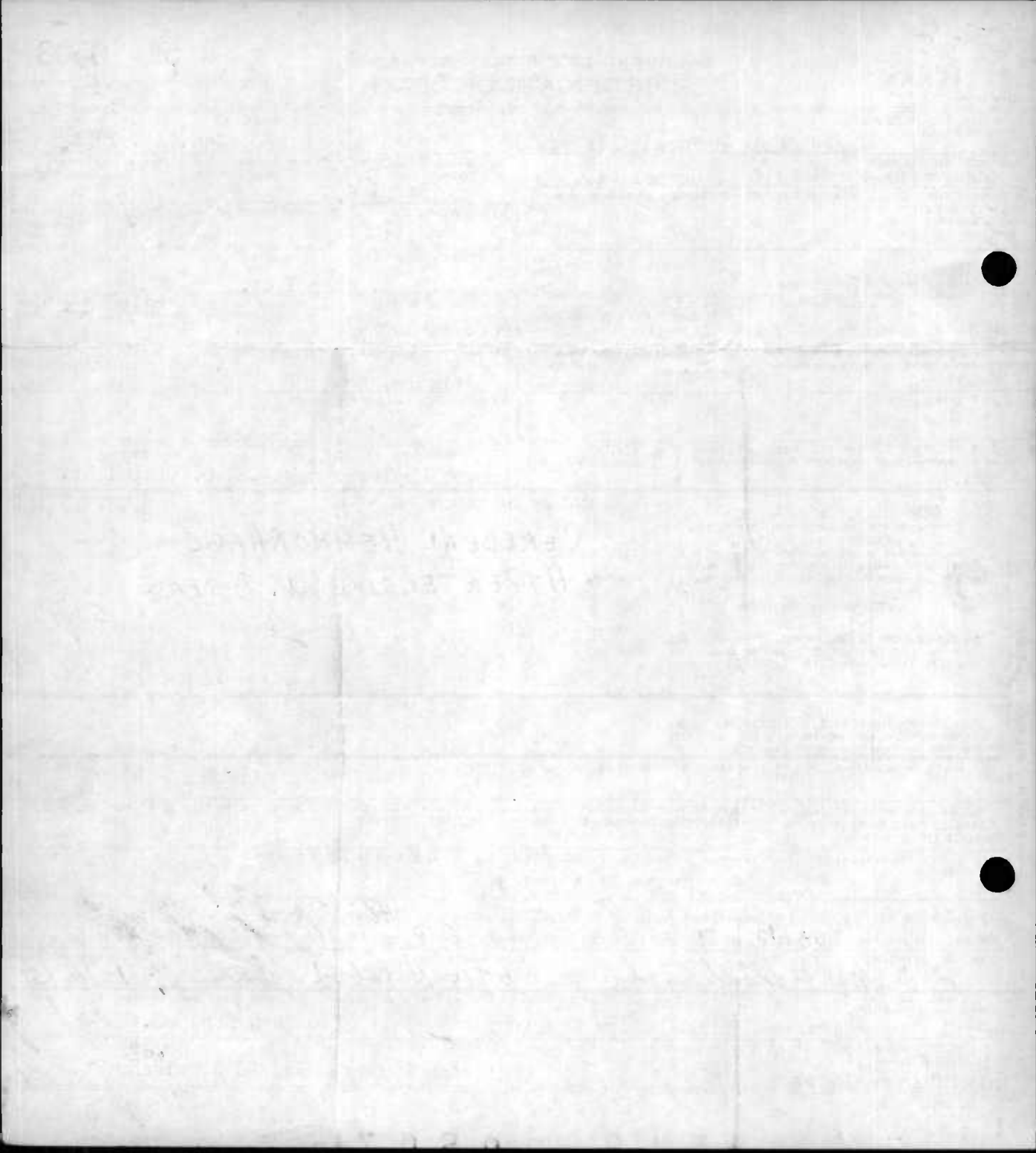
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MEDICAL CERTIFICATION





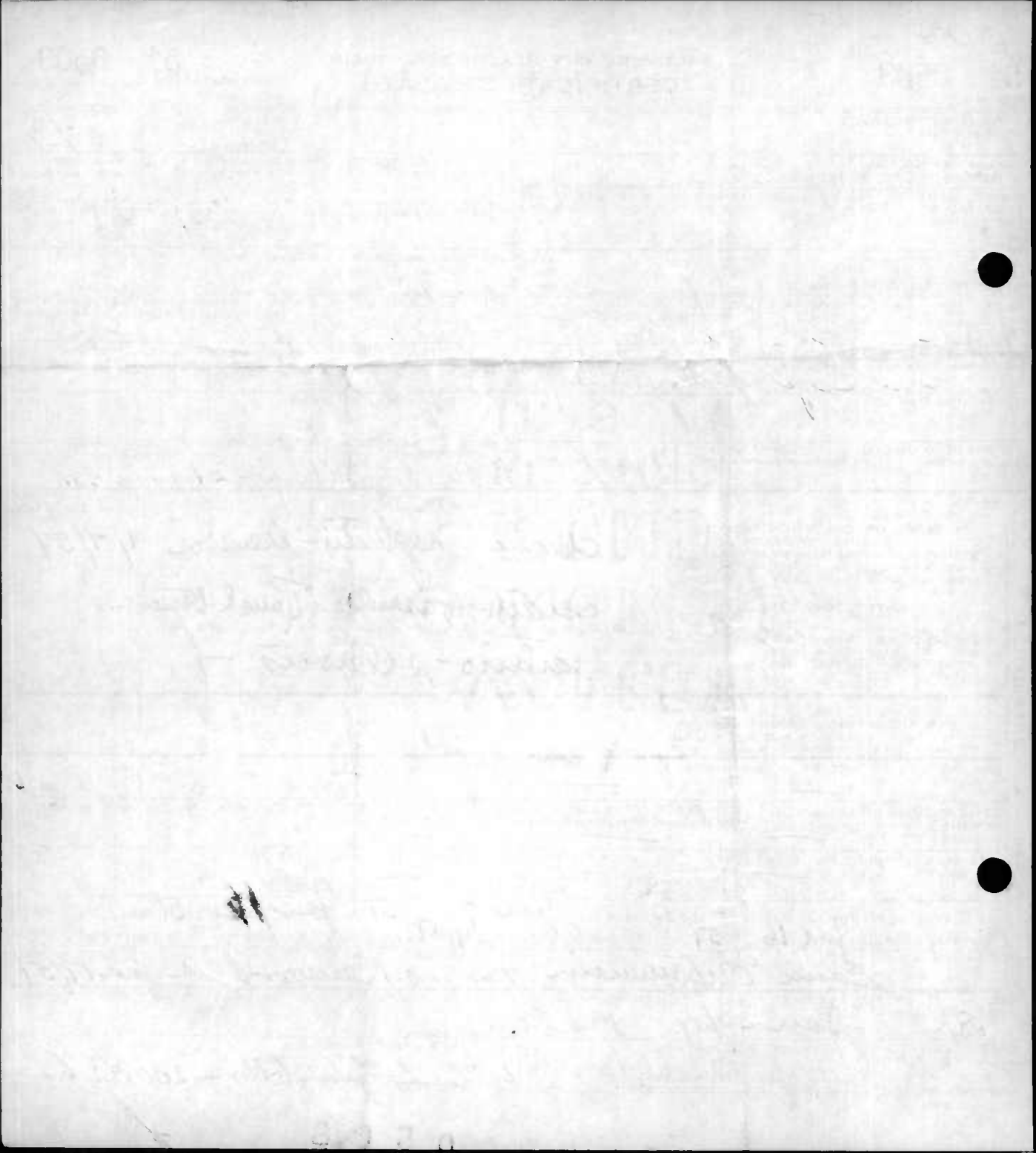
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51 0509

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0509  
Registered No.

1. NAME OF DECEASED (Type or Print) <i>John W Jay</i>		2. DATE OF DEATH <i>Jan 16/57</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>227 Lincoln</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto 6-01</i>	
C. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>227 N Lincoln</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>Feb 12 1866</i>
9. AGE (In years last birthday) <i>84</i>		10. CITIZEN OF WHAT COUNTRY?	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Walter Dept</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Retired City</i>	
11. BIRTHPLACE (State or foreign country) <i>Balto</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME <i>Don't Know</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>L Brent R. Lloyd</i>		ADDRESS <i>227 Lincoln</i>	
18. <i>442X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Chronic Nephritis - Nephrosis</i> DUE TO <i>Cardio - Vascular System -</i> ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>arterio-sclerosis -</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1/7/51</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Jan 7 1957</i> , to <i>Jan 16 1957</i> , that I last saw the deceased alive on <i>Jan 16 1957</i> , and that death occurred at <i>11:00</i> m., from the causes and on the date stated above.			
23A. SIGNATURE <i>Louis F. Trummer</i>		23B. ADDRESS <i>722 20. Kenwood Ave</i>	
23C. DATE SIGNED <i>Jan 17/57</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Jan 20/57</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Balto Cem</i>		24D. LOCATION (City, town, county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR <i>Jan 18 1957</i>		25. FUNERAL DIRECTOR <i>Ullrich Funeral Home</i>	
REGISTRAR'S SIGNATURE <i>Christington Williams, M.D.</i>		ADDRESS <i>2008 Calver</i>	

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. 51 0510

655  
51 0510  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>MAX</u> <u>BERMAN</u>		2. DATE OF DEATH <u>January 17, 1951</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Johns Hopkins Hospital</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>	
C. Length of stay in Baltimore <u>60</u> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <u>1045 N. Gay Street</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>78</u>
10A. USUAL OCCUPATION (Give kind of work done during most of work log life, even if retired) <u>Hardware Store</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>self</u>	9. AGE (In years last birthday) <u>78</u> If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
11. BIRTHPLACE (State or foreign country) <u>Russia</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>Not Known</u>		14. MOTHER'S MAIDEN NAME <u>not known</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>Bessie Berman</u>		ADDRESS <u>1045 N. Gay</u>	

18. <u>E974X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Strangulation due to hanging</u>		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
(B) DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <u>1035 N. Gay Street</u>	
21D. TIME (Month) (Day) (Year) (Hour) <u>January 17, 1951 a.m.</u>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <u>Hanged with sashcord from rafter in cellar</u>	
22. I certify that I took charge of the remains described above, held an <u>Inq. &amp; Inspection</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input checked="" type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <u>Stanley H. Duncanson M.D.</u>		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED <u>Jan. 17, 1951</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>1-18-51</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Mt Carmel</u>	
24D. LOCATION (City, town, or county) <u>Balto Md</u>		24E. FUNERAL DIRECTOR <u>Jack Lewicki</u>		24F. ADDRESS <u>2100 Eutaw Pl</u>	

DATE RECEIVED BY LOCAL REGISTRAR IAN 18 1951 REGISTRAR'S SIGNATURE William H. Williams V S 151 N-991X 164a

MEDICAL CERTIFICATION

6573  
NORTHWESTERN LIFE INSURANCE COMPANY  
CERTIFICATE OF DEATH

DECEASED

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0511

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0511

Registered No. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>SARAH EMMA MORRIS</b>		2. DATE OF DEATH <b>January 16, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>28-41</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Garrison Nursing Home</b>		C. CITY OR TOWN (If outside corporate limits write RURAL and give township) <b>Baltimore</b>	
C. Length of stay in Baltimore <b>38</b> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>3718 Woodbine Avenue</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>April 6, 1864</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <b>Housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>86</b>
13. FATHER'S NAME <b>George W. Keller</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		11. BIRTHPLACE (State or foreign country) <b>Maryland</b>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <b>Comfort Frazer</b>	
17. INFORMANT <b>Anne Morris</b>		ADDRESS <b>3718 Woodbine Ave - 7-</b>	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Arteriosclerotic cardiovascular disease</b> INTERVAL BETWEEN ONSET AND DEATH <b>8 years</b>			
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>II</b> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. HOW DID INJURY OCCUR?	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from <b>Jan 14, 1951</b> , to <b>Jan 16, 1951</b> , that I last saw the deceased alive on <b>Jan 16, 1951</b> , and that death occurred at <b>7 P</b> m., from the causes and on the date stated above.			
23A. SIGNATURE <b>M. T. Tralock</b>		23B. ADDRESS <b>3400 Woodbine Ave Balt. 2 Md</b>	
23C. DATE SIGNED <b>1/16/51</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>1/19/51</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>Lorraine Cemetery</b>		24D. LOCATION (City, town, or county) (State) <b>Woodlawn, Maryland</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 18 1951</b>		25. FUNERAL DIRECTOR <b>Wm. Cook, Inc. 1217 St. Paul St.</b>	

STATE OF NEW YORK  
DEPARTMENT OF HEALTH

ALBANY

OFFICE OF THE COMMISSIONER

ALBANY, N. Y.

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

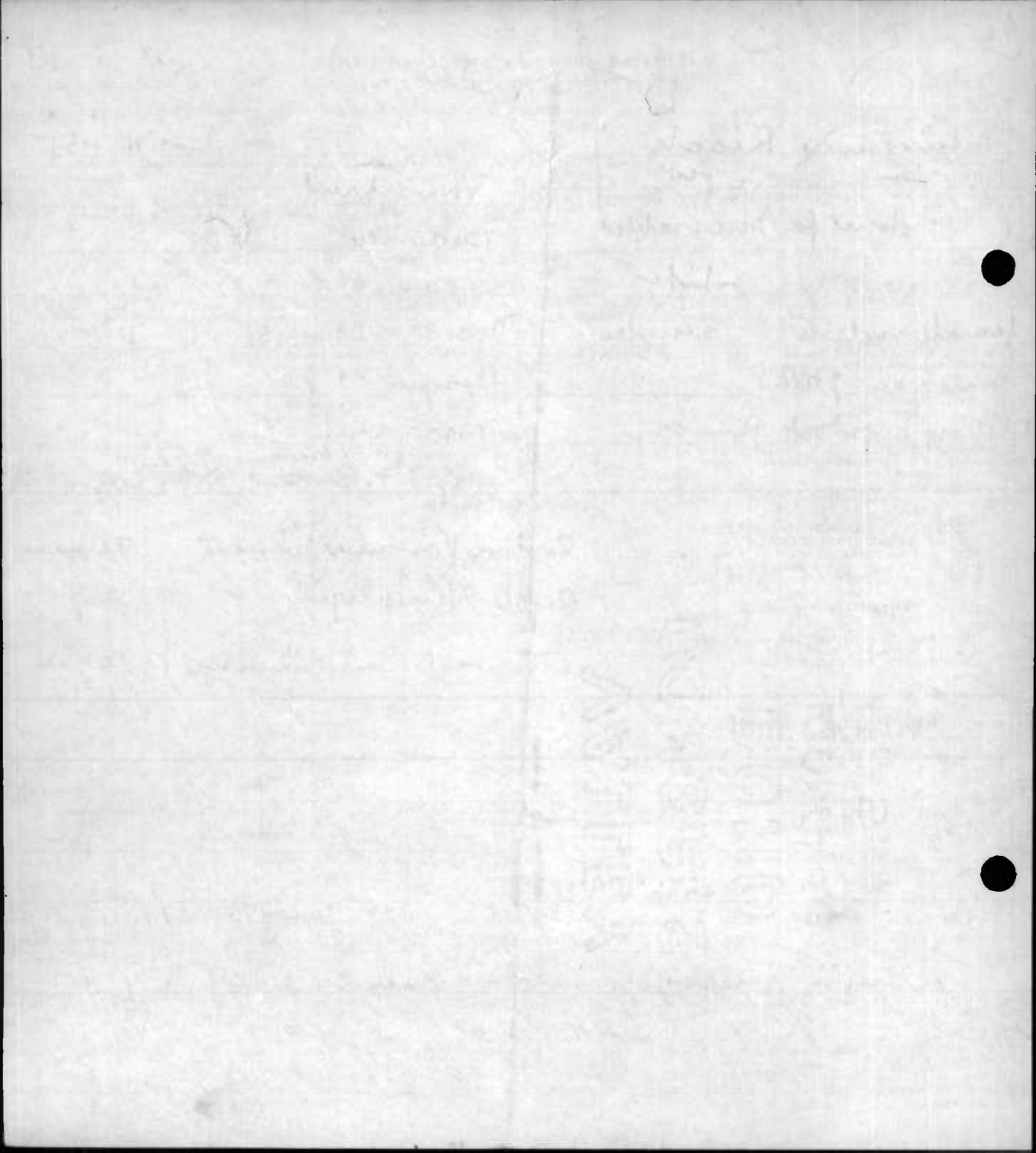
51 0512

Registered No. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>Rebecca Frances Riach</b>			2. DATE OF DEATH <b>Jan. 16, 1951</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>yes</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home for Incurables</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
C. Length of stay in Baltimore <b>Life</b>			D. STREET ADDRESS (If rural, give location) <b>Keswick Rd. + 40th St.</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>	8. DATE OF BIRTH <b>Dec. 30, 1869</b>	9. AGE (in years last birthday) <b>81</b>	10. Under 1 Year: Months <b>17</b> Days <b>17</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Historian J.H.H.</b>			11. BIRTHPLACE (State or foreign country) <b>Bergen N.J.</b>		
13. FATHER'S NAME <b>William Murdoch Riach</b>			14. MOTHER'S MAIDEN NAME <b>Margaret Toy</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b>			16. SOCIAL SECURITY NO. <b>11-1-10000</b>		
18. <b>331X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Cerebral Vascular Accident</b> DUE TO <b>Right Hemiplegia</b> ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Arteriosclerosis (Generalized)</b> DUE TO <b>Arteriosclerosis (Generalized)</b>			INTERVAL BETWEEN ONSET AND DEATH <b>72 Hours</b> <b>15 Years</b> <b>16 years</b>		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>—</b>					
19A. DATE OF OPERATION <b>—</b>		19B. MAJOR FINDINGS OF OPERATION <b>—</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>—</b>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>—</b>	
21D. TIME (Month) (Day) (Year) (Hour) INJURY <b>—</b>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? <b>—</b>	
22. I hereby certify that I attended the deceased from <b>Sept. 1</b> , 19 <b>36</b> , to <b>January 16</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>—</b> , 19 <b>—</b> , and that death occurred at <b>4:30 a.m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>W. H. Heston Heston</b>		23B. ADDRESS <b>214 Medical Arts Bldg.</b>		23C. DATE SIGNED <b>1/16/51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>1/18/51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Green Mount</b>	
24D. LOCATION (City, town, or county) <b>Baltimore</b>		24E. STATE <b>MD</b>		24F. ADDRESS <b>1217 St Paul St</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 18 1951</b>		REGISTRAR'S SIGNATURE <b>W. H. Heston</b>		25. FUNERAL DIRECTOR <b>W. H. Heston</b>	

83a





400  
51 0513

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 0513

BIRTH NO.

1. NAME OF DECEASED (Type or Print) *Lillie V. Kelley*

2. DATE OF DEATH *Jan 15, 1950*

3. PLACE OF DEATH:  
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)  
A. STATE *MD.*  
B. COUNTY *Balts.*

5. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTE *3112 Grindon Ave.*

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
*27-02*

7. STREET ADDRESS (If rural, give location)  
*3112 Grindon Ave.*

8. Length of stay in Baltimore  
Yrs. *7.*  
Mos. *W.*  
Days *Married*

9. DATE OF BIRTH *Jan 15, 1892*

10. AGE (In years last birthday) *59.*

11. Under 1 Year Months: Days

12. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
*Housewife*

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)  
*Baltimore*

12. CITIZEN OF WHAT COUNTRY?  
*U.S.A.*

13. FATHER'S NAME  
*Charles M. Cahall*

14. MOTHER'S MAIDEN NAME  
*Elizabeth Forsinger*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)  
*no*

16. SOCIAL SECURITY NO.  
*no*

17. INFORMANT  
*Thos V. Kelley, 3112 Grindon Ave*

18. *260X*  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  
CAUSE OF DEATH  
(A) *Cerebral-Vascular Hemorrhage*  
DUE TO  
(B) *Diabetes Mellitus*  
DUE TO  
(C) *Hypertension*

INTERVAL BETWEEN ONSET AND DEATH  
*10 minutes*  
*2 years*  
*3 years*

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION *None*

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH *no*

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) *None*

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY *None*

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *March 8, 1950*, to *1-15*, 19*51*, that I last saw the deceased alive on *2-27*, 19*50*, and that death occurred at *10 P* m., from the causes and on the date stated above.

23A. SIGNATURE *L. J. Gordy*

23B. ADDRESS *5106 Harbor Road*

23C. DATE SIGNED *1-16-51*

24A. BURIAL, CREMATION, REMOVAL (Specify)  
*Burial*

24B. DATE *1/19/51*

24C. NAME OF CEMETERY OR CREMATORY *Moreland*

24D. LOCATION (City, town, or county) (State)  
*Taylor Ave MD*

DATE RECEIVED BY LOCAL REGISTRAR  
*JAN 18 1951*

REGISTRAR'S SIGNATURE  
*Thurston Williams, MD*

25. FUNERAL DIRECTOR  
*Walter J. Blight, 6009 Harbor Rd.*

ADDRESS

VS 150

9510000512

61

5106 Hayford

NOT A MEDICAL EXAMINER'S CASE

*Stanley A. Deutscher*

M.D.

CHIEF OR ASST. MEDICAL EXAMINER

300  
0514BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0514

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Michael J. Hyde

2. DATE  
OF  
DEATH

1-17-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

UNIVERSITY HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

MARYLAND.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 26-02

D. STREET ADDRESS (If rural, give location)

4208 VALLEY VIEW AVE.

C. Length of stay in Baltimore

11 YRS

Yrs.  
Mos.  
Days

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

MARRIED.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

PRODUCE BUSINESS

10B. KIND OF BUSINESS OR  
INDUSTRY

SELF.

13. FATHER'S NAME

LEO HYDE.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

NONE

16. SOCIAL  
SECURITY NO.

179-10-2265

17. INFORMANT

ADDRESS

AMELIA HYDE 4208 VALLEY VIEW AVE

ROSE THOMAS.

18. 420.1

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Coronary Thrombosis &  
myocardial infarction  
arteriosclerosis

? 48 hrs

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Silicosis (not proven prior to post)

years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐22. I hereby certify that I attended the deceased from 1-16, 1951, to 1-17, 1951, that I last saw the  
deceased alive on 1-17, 1951, and that death occurred at 11:29 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

BURIAL

JAN 20 1951

HOLY REDEEMER CEM.

4430 BELAIR ROAD

MD.

JAN 18 1951

Huntington Williams

Kippel Bros.

7110 BELAIR RD.

*[Faint, illegible text, likely bleed-through from the reverse side of the page]*

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **51 0515**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) **GEORGE W. BAKER SR.** 2. DATE OF DEATH **1-17-51**

3. PLACE OF DEATH: A. Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **WEST BALTIMORE GENERAL** 4. STATE **MARYLAND** B. COUNTY **BALTIMORE** C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) **BALTIMORE**

D. STREET ADDRESS (If rural, give location) **521 W 28TH STREET**

C. Length of stay in Baltimore Yrs. Mos. Days

5. SEX **MALE** 6. COLOR OR RACE **WHITE** 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **MARRIED** 8. DATE OF BIRTH **JULY 31 1897** 9. AGE (In years last birthday) **53** 10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **BUS DRIVER** 10B. KIND OF BUSINESS OR INDUSTRY **BALTO TRANSIT CO** 11. BIRTHPLACE (State or foreign country) **CUMBERLAND MD** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13. FATHER'S NAME **JOSEPH BAKER** 14. MOTHER'S MAIDEN NAME **MARGARET SMITH**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) **YES** (If yes, give war or dates of service) **WORLD WAR I** 16. SOCIAL SECURITY NO. **213-10-1189** 17. INFORMANT **HELEN BAKER** ADDRESS **521 W 28TH ST**

18. **420.1** I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) **A Pulmonary Edema** **B Acute myocardial infarction** **C A.C.V.D** DUE TO **?** ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. **II** OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION **2** 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **1-17-1951**, to **1-17-1951**, that I last saw the deceased alive on **1-17-1951**, and that death occurred at **6:15 P.m.**, from the causes and on the date stated above.

23A. SIGNATURE **Stanley R. Stenbach** M. D. 23B. ADDRESS **Luthera Noy** 23C. DATE SIGNED **1-17-51**

24A. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 24B. DATE **JAN 22 1951** 24C. NAME OF CEMETERY OR CREMATORY **NEW CATHEDRAL CEM** 24D. LOCATION (City, town, or county) (State) **OLD FREDERICK RD MD**

DATE RECEIVED BY LOCAL REGISTRAR **JAN 18 1951** REGISTRAR'S SIGNATURE **Amelington Williams** 25. FUNERAL DIRECTOR **Deffel Bros** ADDRESS **7110 BELAIR RD**



CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND HUMAN SERVICES

0077

1. Name of deceased		2. Sex		3. Race	
4. Date of birth		5. Date of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of medical examiner		12. Signature of coroner	
13. Signature of funeral director		14. Signature of undertaker		15. Signature of cemetery	
16. Signature of burial place		17. Signature of interment place		18. Signature of crematorium	
19. Signature of other place		20. Signature of other place		21. Signature of other place	
22. Signature of other place		23. Signature of other place		24. Signature of other place	
25. Signature of other place		26. Signature of other place		27. Signature of other place	
28. Signature of other place		29. Signature of other place		30. Signature of other place	
31. Signature of other place		32. Signature of other place		33. Signature of other place	
34. Signature of other place		35. Signature of other place		36. Signature of other place	
37. Signature of other place		38. Signature of other place		39. Signature of other place	
40. Signature of other place		41. Signature of other place		42. Signature of other place	
43. Signature of other place		44. Signature of other place		45. Signature of other place	
46. Signature of other place		47. Signature of other place		48. Signature of other place	
49. Signature of other place		50. Signature of other place		51. Signature of other place	
52. Signature of other place		53. Signature of other place		54. Signature of other place	
55. Signature of other place		56. Signature of other place		57. Signature of other place	
58. Signature of other place		59. Signature of other place		60. Signature of other place	
61. Signature of other place		62. Signature of other place		63. Signature of other place	
64. Signature of other place		65. Signature of other place		66. Signature of other place	
67. Signature of other place		68. Signature of other place		69. Signature of other place	
70. Signature of other place		71. Signature of other place		72. Signature of other place	
73. Signature of other place		74. Signature of other place		75. Signature of other place	
76. Signature of other place		77. Signature of other place		78. Signature of other place	
79. Signature of other place		80. Signature of other place		81. Signature of other place	
82. Signature of other place		83. Signature of other place		84. Signature of other place	
85. Signature of other place		86. Signature of other place		87. Signature of other place	
88. Signature of other place		89. Signature of other place		90. Signature of other place	
91. Signature of other place		92. Signature of other place		93. Signature of other place	
94. Signature of other place		95. Signature of other place		96. Signature of other place	
97. Signature of other place		98. Signature of other place		99. Signature of other place	
100. Signature of other place		101. Signature of other place		102. Signature of other place	



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

51 0516  
Registered No. \_\_\_\_\_

BIRTH NO. 536 0516 50-19420

1. NAME OF DECEASED (Type or Print) <b>MICHEAL JOSEPH SAUNDERS</b>			2. DATE OF DEATH <b>January 16, 1951</b>		
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY _____		
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>112 N. Athol Ave.</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b> <b>28-04</b>		
D. STREET ADDRESS (If rural, give location) <b>112 N. Athol Ave.</b>			E. LENGTH OF stay in Baltimore Yrs. _____ Mos. _____ Days _____		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>SEPT. 13, 1950</b>		9. AGE (In years last birthday) <b>4</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (State or foreign country) <b>BALTIMORE</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
13. FATHER'S NAME <b>CHARLES L. SANDERS</b>			14. MOTHER'S MAIDEN NAME <b>ELIZABETH HYNES</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <b>Charles L. Sanders - 112 Athol Ave.</b>		

18. <b>492X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>CAUSE OF DEATH</b> (A) <b>Interstitial Pneumonitis</b> DUE TO _____ (B) _____ DUE TO _____ (C) _____ INTERVAL BETWEEN ONSET AND DEATH _____	
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ DUE TO _____ (C) _____	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <b>Stanley H. Dunbar</b>	23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED <b>Jan. 17, 1951</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>1-18-51</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Cathedral</b>
24D. LOCATION (City, town, or county) (State) <b>Baltimore Md.</b>	25. FUNERAL DIRECTOR ADDRESS <b>George A. Juley, Fullerton &amp; Fayette St.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 18 1951</b>		REGISTRAR'S SIGNATURE <b>Hamilton Williams, Jr.</b>

DAKOTA CITY HEALTH DEPARTMENT  
 CERTIFICATE OF DEATH

CAUSE OF DEATH

1. IMMEDIATE CAUSE OF DEATH  
 2. INTERMEDIATE CAUSE OF DEATH  
 3. REMOTE CAUSE OF DEATH  
 4. MANNER OF DEATH  
 5. PLACE OF DEATH  
 6. TIME OF DEATH  
 7. DATE OF DEATH

8. SIGNATURE OF PHYSICIAN  
 9. SIGNATURE OF REGISTRAR  
 10. SIGNATURE OF WITNESSES

245  
51 0517

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0517

Registered No.

1. NAME OF DECEASED (Type or Print) JOSEPH ANDREW McLAIN		2. DATE OF DEATH January 17, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Franklin Square Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 18-02	
D. STREET ADDRESS (If rural, give location) 109 N. Carey St.		8. DATE OF BIRTH Aug. 15, 1905	
9. AGE (In years last birthday) 45		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter	
11. BIRTHPLACE (State or foreign country) Penna.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Andrew McLain		14. MOTHER'S MAIDEN NAME Clara Jane Dye	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Yes WW 2		16. SOCIAL SECURITY NO.	
17. INFORMANT Nellie Humble 508 Garfield Ave.		17. INFORMANT ADDRESS Carnegie, Penna.	

18. E936.9 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Subdural hematoma DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) Subdural hematoma DUE TO (B) DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Unknown		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Unknown	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Unknown		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/> Unknown		21F. HOW DID INJURY OCCUR? Undetermined	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/>					
23A. SIGNATURE Stanley R. Overbach		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED Jan. 17, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24B. DATE 1-19-51		24C. NAME OF CEMETERY OR CREMATORY Landon Park	
24D. LOCATION (City, town, or county) Baltimore		24E. FUNERAL DIRECTOR H. M. Waller		24F. ADDRESS 1800 E. Pratt	
DATE RECEIVED BY LOCAL REGISTRAR JAN 18 1951		REGISTRAR'S SIGNATURE William H. Williams		25. FUNERAL DIRECTOR H. M. Waller	

VS 151 N-854.0 58484 00516 195E

DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

NAME OF DECEASED

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

SEX

AGE

RESIDENCE

OCCUPATION

EDUCATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF ENTRY

PLACE OF ENTRY

DATE OF DEATH

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

Mamie Kopriya

2. DATE  
OF  
DEATH

Jan 17 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence  
A. STATE B. COUNTY before admission)

Maryland

5. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

130 S. Ellwood Ave.

Baltimore

C. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

May 21 1884

9. AGE (In years,  
last birthday)

66 yrs

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

-----

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

? Dickerson

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Anna Spencer 122 N. Streepor St

18. 260X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

diabetic acidosis =  
acute heart failure

2 days??

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

diabetes

5 yrs.

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(C) DUE TO

arteriosclerosis

10 yrs?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐22. I hereby certify that I attended the deceased from Jan 16, 1951, to Jan 17, 1951, that I last saw the  
deceased alive on Jan 16, 1951, and that death occurred at 3 AM, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Burton V. Lock MD

M. D.

2936 E Balto St

1/18/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Jan. 20/51

Oaklawn Cem.

Baltimore Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 18 1951

William Williams, MD

John H. Moran 3000 E. Baltimore St.

CERTIFICATE OF DEATH

1. NAME OF DECEASED  
2. SEX  
3. AGE  
4. DATE OF BIRTH  
5. PLACE OF BIRTH  
6. OCCUPATION  
7. CAUSE OF DEATH  
8. PLACE OF DEATH  
9. DATE OF DEATH  
10. SIGNATURE OF REGISTRAR  
11. SIGNATURE OF MEDICAL OFFICER  
12. SIGNATURE OF WITNESSES

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **51 0519**

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <b>ANDREW WHEATLEY</b>		2. DATE OF DEATH <b>January 17, 1951</b>	
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY			
8. FULL NAME OF HOSPITAL OR INSTITUTION <b>Provident Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write full name and give township) <b>Baltimore</b>			
Length of stay in Baltimore <b>Life</b>		D. STREET ADDRESS (If rural, give location) <b>1107 N. Gay St.</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>6/12/1899</b>	9. AGE (In years last birthday) <b>51</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Porter</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>COUNTRY CLUB</b>		11. BIRTHPLACE (State or foreign country) <b>Baltimore Md.</b>	
13. FATHER'S NAME <b>John Wheatley</b>		14. MOTHER'S MAIDEN NAME <b>Unknown</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>Yes</b>		16. SOCIAL SECURITY NO. <b>Worldwar #1</b>		17. INFORMANT <b>Mrs. Bara Wheatley 1107 N. Gay St.</b>	
15. (If yes, give war or dates of service)		ADDRESS			

18. <b>E812.4</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Intracranial hemorrhage</b> DUE TO <b>fracture of skull</b>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B) DUE TO  (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Street</b>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>Roland Ave. and University Park Wy</b>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>January 16, 1951 10:30 Pm.</b>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <b>Pedestrian struck by automobile</b>	
22. I certify that I took charge of the remains described above, held an <u>Inspection &amp; Inq.</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <b>Stanley K. Dunsicker M.D.</b>		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR..... <input checked="" type="checkbox"/>		23C. DATE SIGNED <b>Jan. 17, 1951</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>1-22-1951</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Baltimore National Balto. Md.</b>	
24D. LOCATION (City, town, or county) (State) <b>Baltimore Md.</b>		25. FUNERAL DIRECTOR <b>Randolph Ballick</b>		ADDRESS <b>1532 E. Biddle St.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 18 1951</b>		REGISTRAR'S SIGNATURE <b>Thurston Williams</b>		25. FUNERAL DIRECTOR <b>Randolph Ballick</b>	

MEDICAL CERTIFICATION

V S 151      N-803.2      E 788 8M      0510      170c



STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Name of Deceased		Sex		Age		Date of Birth		Place of Birth		Usual Residence		Cause of Death		Date of Death		Time of Death		Place of Death		Signature of Physician		Signature of Registrar	

Name of Deceased		Sex		Age		Date of Birth		Place of Birth		Usual Residence		Cause of Death		Date of Death		Time of Death		Place of Death		Signature of Physician		Signature of Registrar	

BALTIMORE CITY

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

51 0520

## CERTIFICATE OF DEATH

Reg. Dist. No. ....

1. PLACE OF DEATH: COUNTY Baltimore		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY BALTO.	
3. If outside corporate limits, write RURAL and give nearest town		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5613 Fair Oaks Avenue		STREET ADDRESS (If rural, give location) 5613 Fair Oaks Avenue	
NAME OF DECEASED (First) (Middle) (Last) PAUL A. C. COOK, SR.		4. DATE OF DEATH (Month) (Day) (Year) January 16, 1951	
SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH August 29, 1903
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman-Capitol Bakery		10b. KIND OF BUSINESS OR INDUSTRY Bakery	9. AGE last birthday 47 yrs.
11. BIRTHPLACE (State or foreign country) Edinburg, Virginia		12. CITIZEN OF WHAT COUNTRY? U.S. A.	
13. FATHER'S NAME William H. Cook		14. MOTHER'S MAIDEN NAME Alice Rinehart	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no, or unknown) (If yes, give war or dates of service) None		16. SOCIAL SECURITY No. ?	
17. INFORMANT AND ADDRESS Mrs. Roda M. Cook-5613 Fair Oaks Ave.		18. MEDICAL CERTIFICATION	
DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
Immediate cause (a) Coronary Thrombosis		2 yrs.	
Antecedent cause(s) (b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last			
(c)			
19. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
20. DATE OF OPERATION		21. MAJOR FINDINGS OF OPERATION	
22. ACCIDENT SUICIDE (Specify)		23. PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	
(Month) (Day) (Year) (Hour)		(CITY OR TOWN) (COUNTY) (STATE)	
24. OF INJURY m.		25. HOW DID INJURY OCCUR?	
26. I hereby certify that I attended the deceased from Jan. 1, 1948, to 1/16, 1951, that I last saw the deceased alive on 1/16, 1951, and that death occurred at 8:30 P. M., from the causes and on the date stated above.			
SIGNATURE K. L. G. G. G. M.D.		DATE SIGNED	
27. BURIAL, CREMATION REMOVAL (Specify)		28. DATE THEREOF	
29. NAME OF CEMETERY OR CREMATORY		30. LOCATION (City, town, or county) (State)	
31. DATE REC'D BY LOCAL REG.		32. FUNERAL DIRECTOR	
33. REGISTERAR'S SIGNATURE		34. ADDRESS	



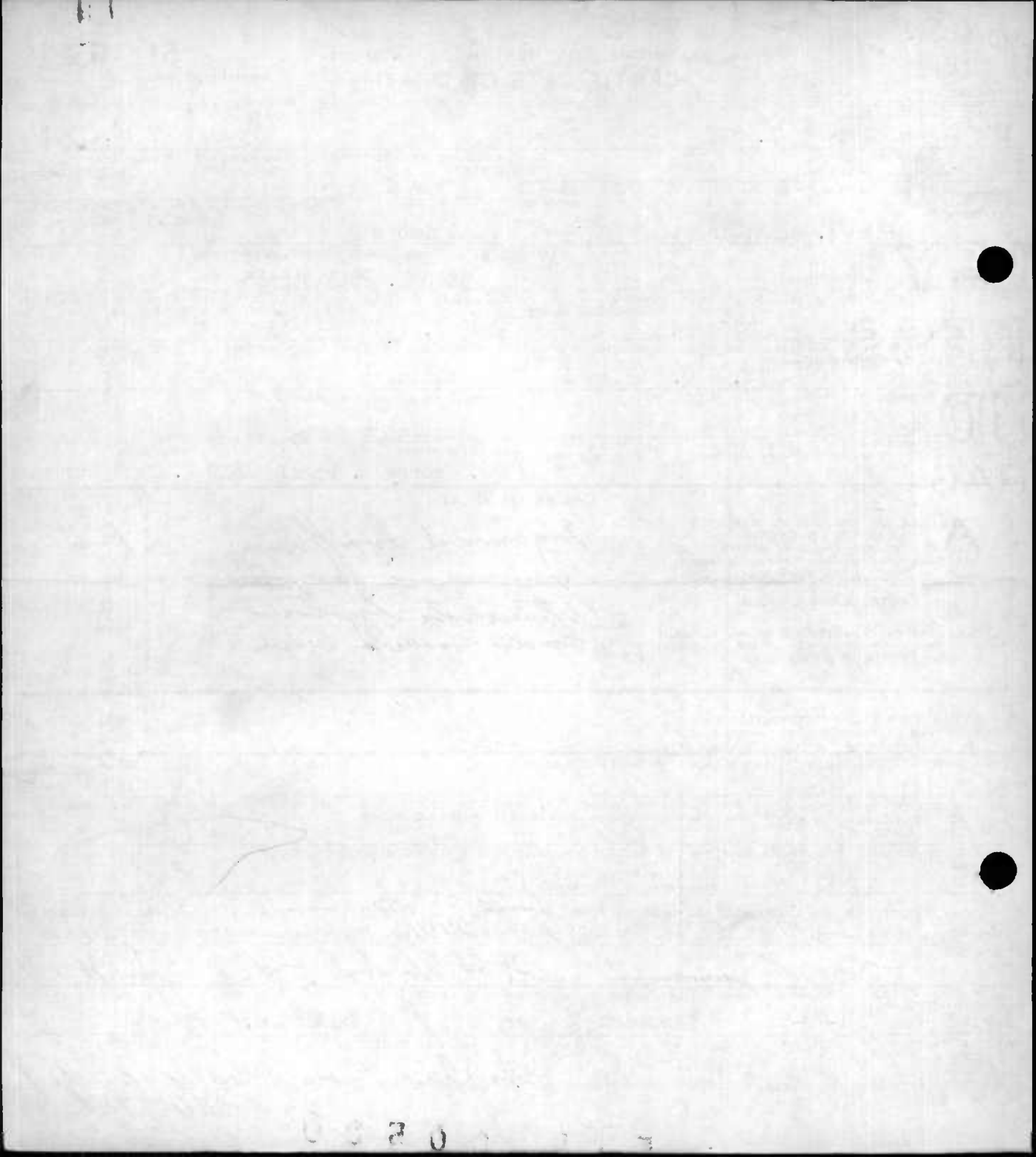
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01 0521

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0521  
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) JOSEPH I. SAY		2. DATE OF DEATH JANUARY 17, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 1810 E. 28th Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 1810 E. 28th Street			
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 2, 1887	9. AGE (In years last birthday) 63	If Under 1 Year Months: Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist		10B. KIND OF BUSINESS OR INDUSTRY B. & O. Railroad		11. BIRTHPLACE (State or foreign country) Baltimore	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Jacob Say			
14. MOTHER'S MAIDEN NAME Kate Bulack		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or unknown) (If yes, give war or dates of service) No None			
16. SOCIAL SECURITY NO. ?		17. INFORMANT ADDRESS Mrs. George A. Vogel 1810 E. 28th Street			
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 443X Myocardial Insufficiency DUE TO Anterograde Hypertensive cardio-vascular disease INTERVAL BETWEEN ONSET AND DEATH 1 week ?					
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 1950, to Jan. 1951, that I last saw the deceased alive on Jan. 17, 1951, and that death occurred at 2:10 A.M., from the causes and on the date stated above.					
23A. SIGNATURE Roy M. Zimmerman		23B. ADDRESS 2835 Hopford Rd. M. D.		23C. DATE SIGNED Jan. 18, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 1-20-51		24C. NAME OF CEMETERY OR CREMATORY Western Cemetery	
24D. LOCATION (City, town, or county) Baltimore, Maryland		24E. DATE RECEIVED BY LOCAL REGISTRAR JAN 18 1951			
REGISTRAR'S SIGNATURE H. J. Williams		25. FUNERAL DIRECTOR W. J. Tolson & Sons - North Penna. Ave - Balto. Md		ADDRESS	

54450 0 5 2 093 D



620  
51 0522BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 0522  
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Bellezura Jones Briscoe</i>			2. DATE OF DEATH <i>1/13/57</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY <i>Baltimore</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>1417 Jefferson St.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
C. Length of stay in Baltimore <i>Life</i>			D. STREET ADDRESS (If more, give location) <i>1417 Jefferson St.</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Col.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>1/24/1881</i>	9. AGE (in years last birthday) <i>69</i>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Balto. Md.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13. FATHER'S NAME <i>James Wilson</i>		14. MOTHER'S MAIDEN NAME <i>Minnie Jones</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <i>James Wilson 1417 Jefferson St.</i>	
18. <i>442X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>hypertensive cardiovascular disease</i>			CAUSE OF DEATH (A) DUE TO (B) DUE TO (C) DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>diabetes mellitus</i>			INTERVAL BETWEEN ONSET AND DEATH <i>50 yrs</i>		
19A. DATE OF OPERATION <i>0</i>			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>10:22</i> , 19 <i>50</i> , to <i>1/13</i> , 19 <i>57</i> , that I last saw the deceased alive on <i>1/11</i> , 19 <i>57</i> , and that death occurred at <i>11:30</i> a.m., from the causes and on the date stated above.					
23A. SIGNATURE <i>[Signature]</i>			23B. ADDRESS <i>238 EAST MADISON ST. BALTIMORE, MD.</i>		
23C. DATE SIGNED <i>1-17-57</i>					
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>1/18/57</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Zion</i>	
24D. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>		24E. FUNERAL DIRECTOR <i>Robert H. Young</i>		24F. ADDRESS <i>1532 E. Monument St.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 18 1957</i>		REGISTRAR'S SIGNATURE <i>Montgomery Williams, M.D.</i>			

22001



430  
0523

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0523  
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Della Pleth</i>		2. DATE OF DEATH <i>1-18-51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Penn.</i> B. COUNTY <i>York.</i>	
5. FULL NAME OF (If not in hospital or institution, give street address or location) <i>University Hosp.</i>		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Peach Bottom V-33</i>	
7. LENGTH OF STAY IN BALTIMORE		8. STREET ADDRESS (If rural, give location)	
9. SEX <i>F</i>	10. COLOR OR RACE <i>W</i>	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	12. DATE OF BIRTH <i>7-11-29</i>
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Domestics</i>		14. KIND OF BUSINESS OR INDUSTRY	
15. FATHER'S NAME <i>John Sinclair</i>		16. MOTHER'S MAIDEN NAME <i>Della Hughes</i>	
17. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		18. SOCIAL SECURITY NO.	
19. INFORMANT		ADDRESS	

18. <i>157 X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Carcinoma of the pancreas</i>		INTERVAL BETWEEN ONSET AND DEATH <i>approx 2 yrs</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Diabetes mellitus</i>		
19A. DATE OF OPERATION <i>1-6-51</i>	19B. MAJOR FINDINGS OF OPERATION <i>Carcinoma - obstructed bile ducts</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Jan 3, 1951* to *Jan 18, 1951*, that I last saw the deceased alive on *Jan 18, 1951*, and that death occurred at *430 p.m.*, from the causes and on the date stated above.

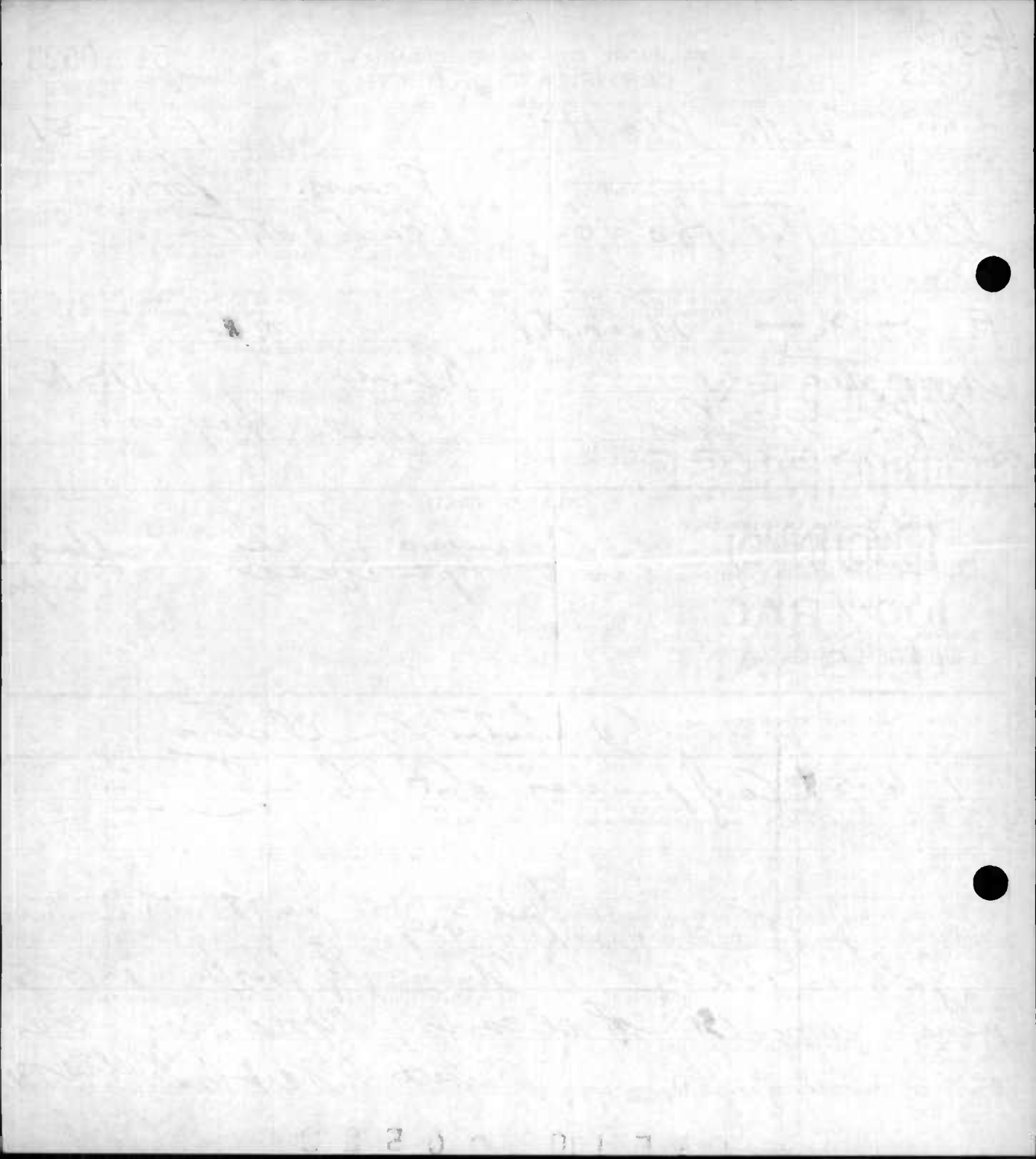
23A. SIGNATURE <i>John S. Kelly</i>	23B. ADDRESS <i>University Hosp.</i>	23C. DATE SIGNED <i>1-18-51</i>
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE <i>Jan 21, 1951</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Palmer</i>
24D. LOCATION (City, town, or county) (State) <i>York, Pa.</i>	25. FUNERAL DIRECTOR <i>Robert P. Karpis</i>	ADDRESS <i>Della M.</i>

DATE RECEIVED BY LOCAL REGISTRAR  
JAN 18 1951

1951 22084 00522

46g

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **51 0524**

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <b>STEPHEN J. PORCELLA</b>		2. DATE OF DEATH <b>Jan. 16, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>2323 Milliman St.</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits write RURAL and give township) <b>Baltimore</b>			
C. Length of stay in Baltimore <b>life</b>		D. STREET ADDRESS (If rural, give location) <b>2323 Milliman Street</b>			
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>Feb. 27, 1876</b>	9. AGE (In years last birthday) <b>74</b>	10. Under 1 Year Months: Days:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Upholster</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>B. &amp; O. R. R.</b>		11. BIRTHPLACE (State or foreign country) <b>Baltimore, Md.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		13. FATHER'S NAME <b>Nicholas Porcella</b>		14. MOTHER'S MAIDEN NAME <b>Catherine Porcella</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>705-03-5165</b>		17. INFORMANT ADDRESS <b>Jos. A. Porcella, 3007 McElderry St.</b>	
18. <b>443X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) <b>arteriosclerotic</b> DUE TO <b>obstruction of coronary arteries</b> (B) <b>hypertensive heart</b> DUE TO <b>hypertension</b> (C) <b>general arteriosclerosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 wks</b>	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>June 1-5, 1950</b> , to <b>Jan 16, 1951</b> , that I last saw the deceased alive on <b>Jan 16, 1951</b> , and that death occurred at <b>7:30 p.m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>John P. Murphy</b>		23B. ADDRESS <b>8004 Baltimore Ave</b>		23C. DATE SIGNED <b>1-18-51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>1/19/51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Holy Redeemer Cem.</b>	
24D. LOCATION (City, town, or county) (State) <b>Balto. Md.</b>		24E. DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 18 1951</b>		24F. REGISTRAR'S SIGNATURE <b>Anthony J. ...</b>	
24G. FUNERAL DIRECTOR <b>Schimunek Funeral Home, Inc.</b>		24H. ADDRESS <b>2601-3-5 E. Madison St.</b>		24I. VS 150	

5931 50 0 0 5 2 3

937

CERTIFICATE OF DELIVERY

0 2 7 0 0 0 0 0

M-236

51 0525

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 51 0525

1. NAME OF DECEASED  
(Type or Print)

Edgar C. Myster

2. DATE  
OF  
DEATH4:15 P.M.  
January 16, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2725 Winchester St.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan. 16, 1870

9. AGE (In years  
last birthday)

81

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Waterman

10B. KIND OF BUSINESS OR  
INDUSTRY

Dredging

11. BIRTHPLACE (State or foreign country)

Deak's Island Md.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Richard Myster

14. MOTHER'S MAIDEN NAME

Malinda Webster

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

215-16-9049

17. INFORMANT

ADDRESS

Ruth Myster 2725 Winchester St.

18. 331X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

Cerebral Hemorrhage

9 days

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

Hypertension

2

(C) DUE TO

Atherosclerosis

?

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 8, 1951, to January 16, 1951, that I last saw the deceased alive on 1-16, 1951, and that death occurred at 4:40 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Leon Ashman

M. D.

23B. ADDRESS

1201 Poplar Home St

23C. DATE SIGNED

1-17-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Jan. 19/51

London Park

Baltimore, Md

DATE RECEIVED BY REGISTRAR'S SIGNATURE  
LOCAL REGISTRAR

25. FUNERAL DIRECTOR

ADDRESS

JAN 18 1951

Tom Williams, M.D.

Loring Byers 5005 E. Light Ave

VS 150

83a

UNITED STATES DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION

WASHINGTON, D. C.

100



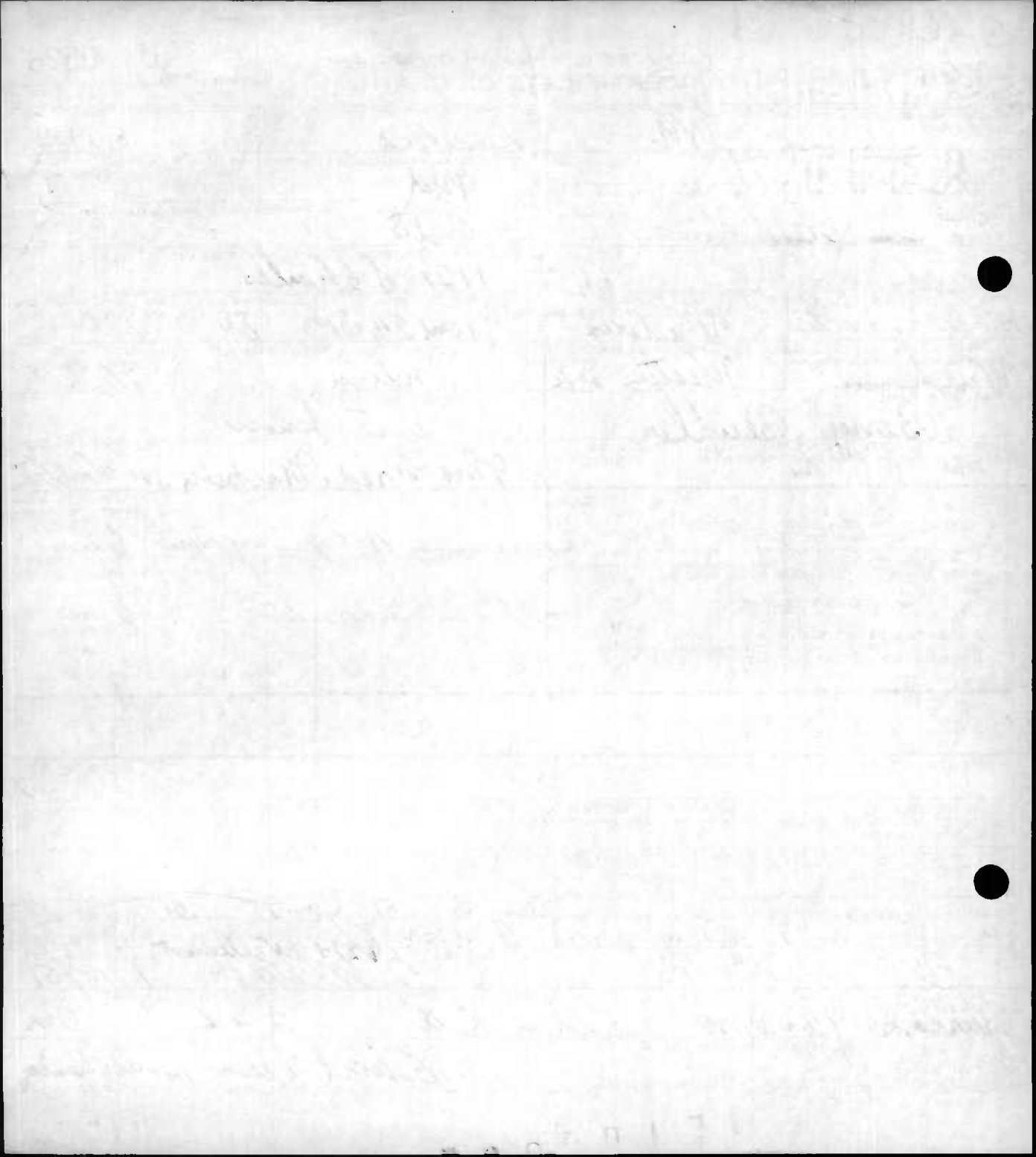
342  
0526BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 0526  
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Robert M. Beadles</i>		2. DATE OF DEATH <i>Jan. 18, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY <i>Baltimore</i>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Good Samaritan Home</i>		6. CITY OR TOWN (If outside corporate limits, write R.U.R. and give township) <i>Baltimore</i>	
7. Length of stay in Baltimore <i>64</i>		8. STREET ADDRESS (If rural, give location) <i>1729 S Charles</i>	
9. SEX <i>Male</i>	10. COLOR OR RACE <i>White</i>	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	12. DATE OF BIRTH <i>June 24, 1874</i>
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Watch man</i>		14. AGE (In years, last birthday) <i>76</i>	
15. KIND OF BUSINESS OR INDUSTRY <i>Western PR</i>		16. BIRTHPLACE (State or foreign country) <i>Indiana</i>	
17. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		18. FATHER'S NAME <i>Berry Beadles</i>	
19. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		20. SOCIAL SECURITY NO. <i>1729 S Charles</i>	
21. INFORMANT <i>Mrs Freda Macabee</i>		22. ADDRESS <i>320 Washington</i>	
23. 18. <i>163X</i> CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Carcinoma of Respiratory organ</i> DUE TO (A) <i>Chronic Endocarditis</i> (B) <i>6 mos.</i> (C) <i>6 mos.</i> ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) <i>Chronic Endocarditis</i> (B) <i>6 mos.</i> (C) <i>6 mos.</i> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
24. DATE OF OPERATION <i>0</i>		25. MAJOR FINDINGS OF OPERATION	
26. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
27. 21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		28. 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
29. 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
30. 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		31. 21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	
32. 21F. HOW DID INJURY OCCUR?			
33. 22. I hereby certify that I attended the deceased from <i>Aug 3, 1951</i> to <i>Jan 18, 1951</i> , that I last saw the deceased alive on <i>Jan 17, 1951</i> , and that death occurred at <i>12:30 A.M.</i> , from the causes and on the date stated above.			
34. 23A. SIGNATURE <i>O. S. Mellett M.D.</i>		35. 23B. ADDRESS <i>6274 Williams</i>	
36. 23C. DATE SIGNED <i>1/18/51</i>			
37. 24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>		38. 24B. DATE <i>Jan. 20/1951</i>	
39. 24C. NAME OF CEMETERY OR CREMATORY <i>Green Hill</i>		40. 24D. LOCATION (City, town, or county) (State) <i>A.A.C. Md</i>	
41. DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 18 1951</i>		42. REGISTRAR'S SIGNATURE <i>William M. Williams</i>	
43. FUNERAL DIRECTOR <i>A. Howard</i>		44. ADDRESS <i>8110 Washington</i>	

1951000

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S-362  
51 0527

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. _____			2. DATE OF DEATH Jan. 17, 1951		
1. NAME OF DECEASED (Type or Print) Jennie I. Strickhouser					
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE _____ B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2242 Wilkens Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 20-05		
C. Length of stay in Baltimore 32 Yrs			D. STREET ADDRESS (If rural, give location) 2242 Wilkens Ave.		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 4, 1872	9. AGE (In years last birthday) 78	If Under 1 Year Months: Days 6 13
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Duties		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) York, Pa.		12. CITIZEN OF WHAT COUNTRY? ✓
13. FATHER'S NAME William Saylor			14. MOTHER'S MAIDEN NAME Henretta Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. None	17. INFORMANT ADDRESS Theattle Nonemaker 2242 Wilkens Av		

18. 410 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) Arterio Sclerosis, Hypertension (B) Myocarditis (C) Mitral Insufficiency  Senility	INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 15, 1950, to Jan 17, 1951, that I last saw the deceased alive on Jan 6, 1951, and that death occurred at 7:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE Robert C. Metcalf	23B. ADDRESS M. D. 2151-Williamson	23C. DATE SIGNED 1/18/51
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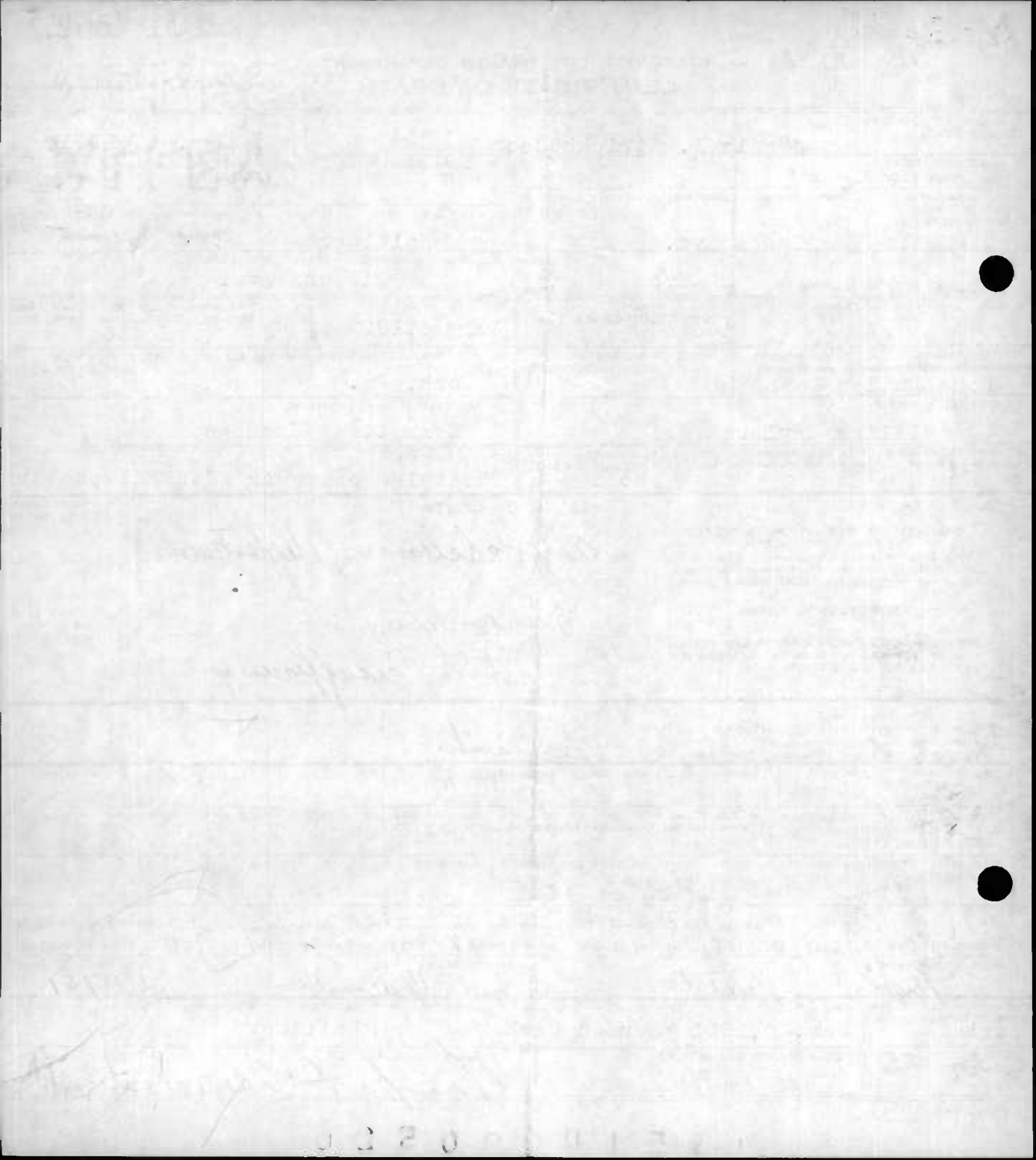
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Jan. 20, 1951	24C. NAME OF CEMETERY OR CREMATORY Loudon Park	24D. LOCATION (City, town, or county) (State) Baltimore
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DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE W. H. Williams, M.D.	25. FUNERAL DIRECTOR Fred A. Cole, 1913 W. Balt. St.	ADDRESS
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JAN 18 1951

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51 0528

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

MINNIE MAY MASENHEIMER

2. DATE  
OF  
DEATH

Jan 17, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

MARYLAND GENERAL HOSPITAL

C. Length of stay in Baltimore

60 years

Yrs.  
Mos.  
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

Oct 16, 1879

9. AGE (in years  
last birthday)

71

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

OPERATOR RETIRED 3 YRS. COTTON MILL

10B. KIND OF BUSINESS OR  
INDUSTRY

13. FATHER'S NAME

WILLIAM J MASENHEIMER

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

215-07-6545

11. BIRTHPLACE (State or foreign country)

PENNSYLVANIA

12. CITIZEN OF  
WHAT COUNTRY?

U.S.

14. MOTHER'S MAIDEN NAME

EMMA DARR

17. INFORMANT

ADDRESS

William J. Masenheimer 1201 St. 41st St.

18. 181X I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)(A) CARCINOMA of BLADDER  
DUE TO (URINARY)

1 YEAR

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B)  
DUE TO  
(C)II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)

None

21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?

None

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

None

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 13, 1951, to Jan 17, 1951, that I last saw the  
deceased alive on JAN 17, 1951, and that death occurred at 9:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

George Brown

M.D.

23B. ADDRESS

Maryland General Hospital

23C. DATE SIGNED

1/17/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Jan 20, 1951

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet

24D. LOCATION (City, town, or county)

Baltimore, Pennsylvania

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William J. Masenheimer

25. FUNERAL DIRECTOR

ADDRESS

Burgee Funeral Home 3631 Falls Road

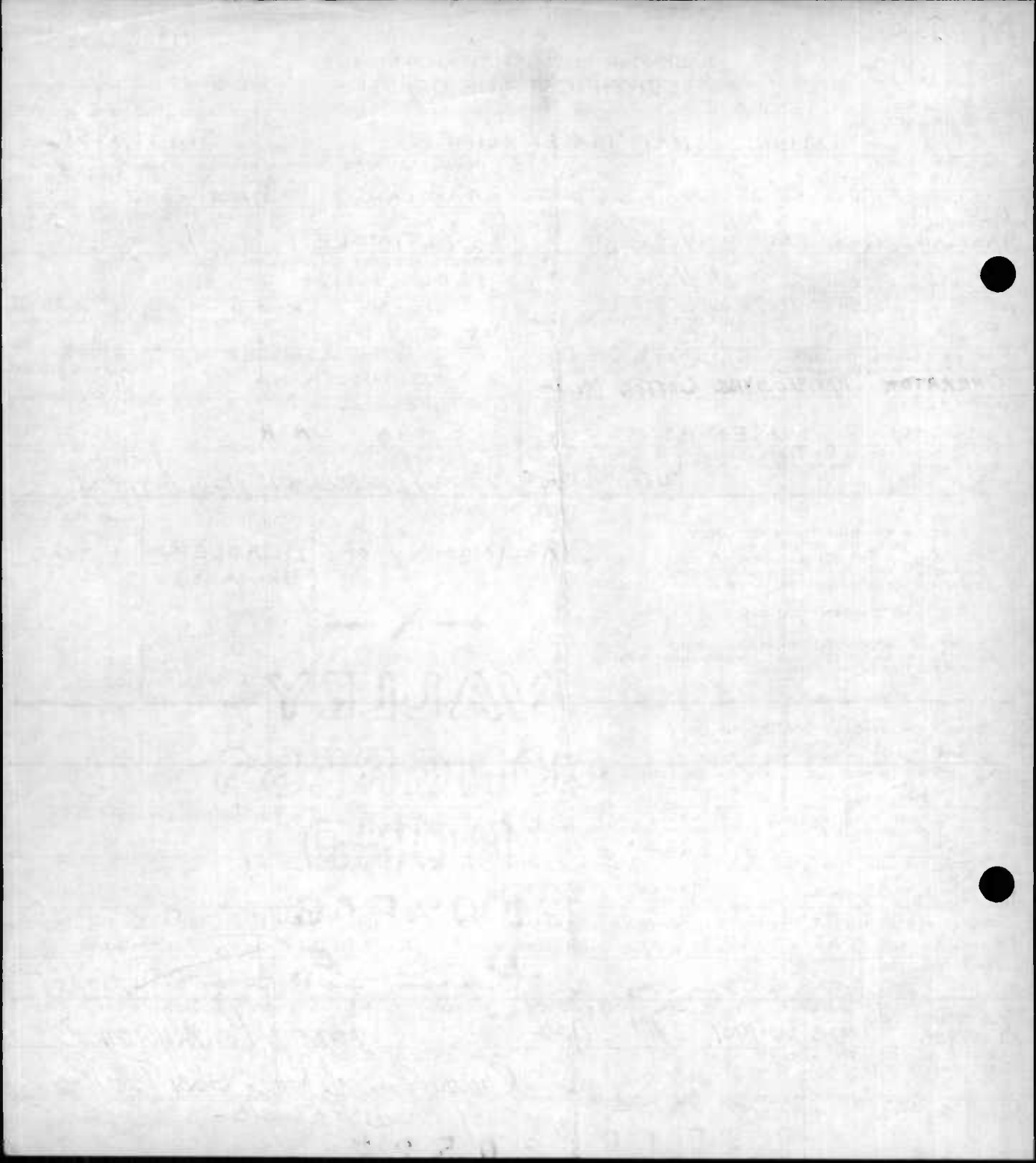
JAN 18 1951

VS 100

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Horace F. Burgee

52B



M-360  
REA-144884  
51 0529

51 0529

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

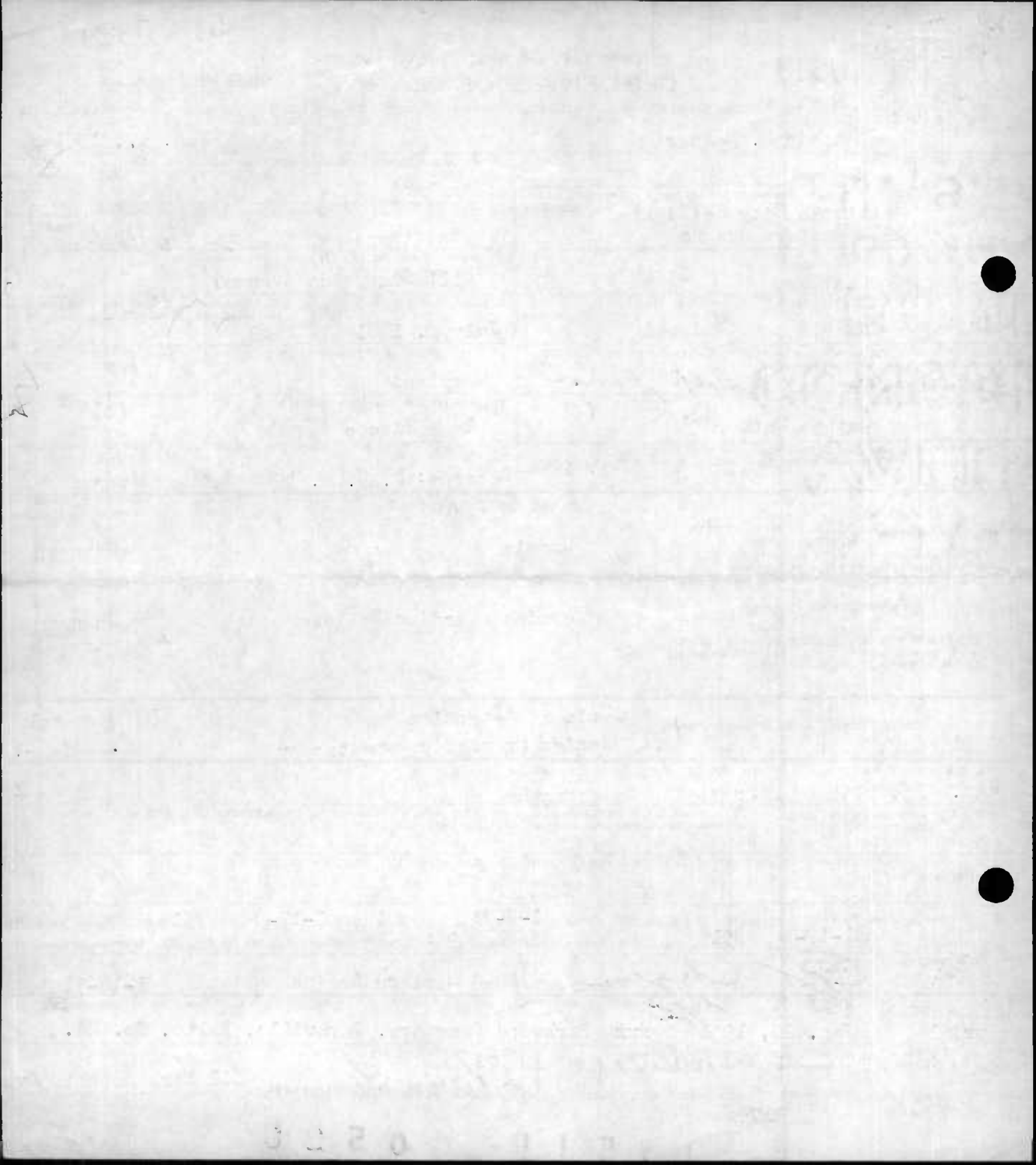
BIRTH NO.			1. NAME OF DECEASED (Type or Print) <b>Nathan N. Mather</b>			2. DATE OF DEATH <b>Jan. 17, 1951</b>		
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b> B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Baltimore City Hospitals</b> <b>4940 Eastern Avenue</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. <b>STATE</b> <b>Maryland</b> C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b> D. STREET ADDRESS (If rural, give location) <b>4111 Sunnyside Avenue</b>					
5. SEX <b>Male</b>			6. COLOR OR RACE <b>White</b>			7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		
8. DATE OF BIRTH <b>July 6, 1881</b>			9. AGE (In years last birthday) <b>69</b>			10. Under 1 Year Months: Days: Hours: Min.		
11. BIRTHPLACE (State or foreign country) <b>Maryland</b>			12. CITIZEN OF WHAT COUNTRY? <b>(D)</b>					
13. FATHER'S NAME <b>Nathan Mather (D)</b>			14. MOTHER'S MAIDEN NAME <b>Emma Biscoe (D)</b>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b>			16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS <b>Records: B. C. H. 4940 Eastern Avenue</b>		
18. <b>610X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Uremia</b> DUE TO <b>Terminal Cardiac Failure</b> DUE TO <b>Urinary Retention</b> <b>Benign Prostatic Hypertrophy</b>			INTERVAL BETWEEN ONSET AND DEATH <b>Unknown</b> <b>Unknown</b> <b>One week</b> <b>One Year?</b>					
19A. DATE OF OPERATION <b>Jan. 15, 1951</b>			19B. MAJOR FINDINGS OF OPERATION <b>Prostatic Hypertrophy</b>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) <b>INJURY</b>			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <b>1-7-</b> , 1951, to <b>1-17-</b> , 1951, that I last saw the deceased alive on <b>1-17-</b> , 1951, and that death occurred at <b>9 P</b> m., from the causes and on the date stated above.								
23A. SIGNATURE <b>G. S. Dogen</b>			23B. ADDRESS <b>4940 Eastern Avenue</b>			23C. DATE SIGNED <b>1-18-51</b>		
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>			24B. DATE <b>Jan. 20, 1951</b>			24C. NAME OF CEMETERY OR CREMATORY <b>W. Parkwood Cemetery, Parkville, Balto. Co. Md.</b>		
24D. LOCATION (City, town, or county) (State) <b>Baltimore, Md.</b>			25. FUNERAL DIRECTOR <b>G. Kerman Lemmon</b>			ADDRESS <b>4611 Park Heights Ave</b>		

MEDICAL CERTIFICATION

AN 18 1951

1951 930 814 00520

137a





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51 0530BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 0530  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

John C. Yake,

2. DATE  
OF DEATH Jan. 15, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTIONPine Crest Sanitariums,  
600 S. Chapelgate Lane.4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE Md.C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore, 27-16,

D. STREET ADDRESS (If rural, give location)

4669 Park Heights Ave.

C. Length of stay in Baltimore

61

Yrs.

MOS

DAYS

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
married

8. DATE OF BIRTH

July 23, 1872

9. AGE (In years last birthday)

78

If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Fireman.

10B. KIND OF BUSINESS OR INDUSTRY

Balto, City Fire Dept.

11. BIRTHPLACE (State or foreign country)

Conewago Chapel, Penna.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John F. Yake,

14. MOTHER'S MAIDEN NAME

Ann Mary Allwine,

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.  
none17. INFORMANT ADDRESS  
Mrs. Sarah V. Yake, 4669 Park Heights Ave.

18. 470.0 I

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) .....

DUE TO

Chronic Myocarditis +  
myocardial degenerationINTERVAL BETWEEN  
ONSET AND DEATH

?

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) .....

DUE TO

Arteriosclerosis / Heart Disease?

(C) .....

Generalized Arteriosclerosis

?

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October 21, 1950 to Jan. 15, 1951, that I last saw the deceased alive on Jan. 15, 1951, and that death occurred at 10:45 Pm., from the causes and on the date stated above.

23A. SIGNATURE

Melvin N. Borden

M. D.

23B. ADDRESS

2030 W. Fayette St.,

23C. DATE SIGNED

Jan. 16 1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Jan. 19, 1951

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery,

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

C. Williams, M.D.

25. FUNERAL DIRECTOR

B. Vernon Lemmon

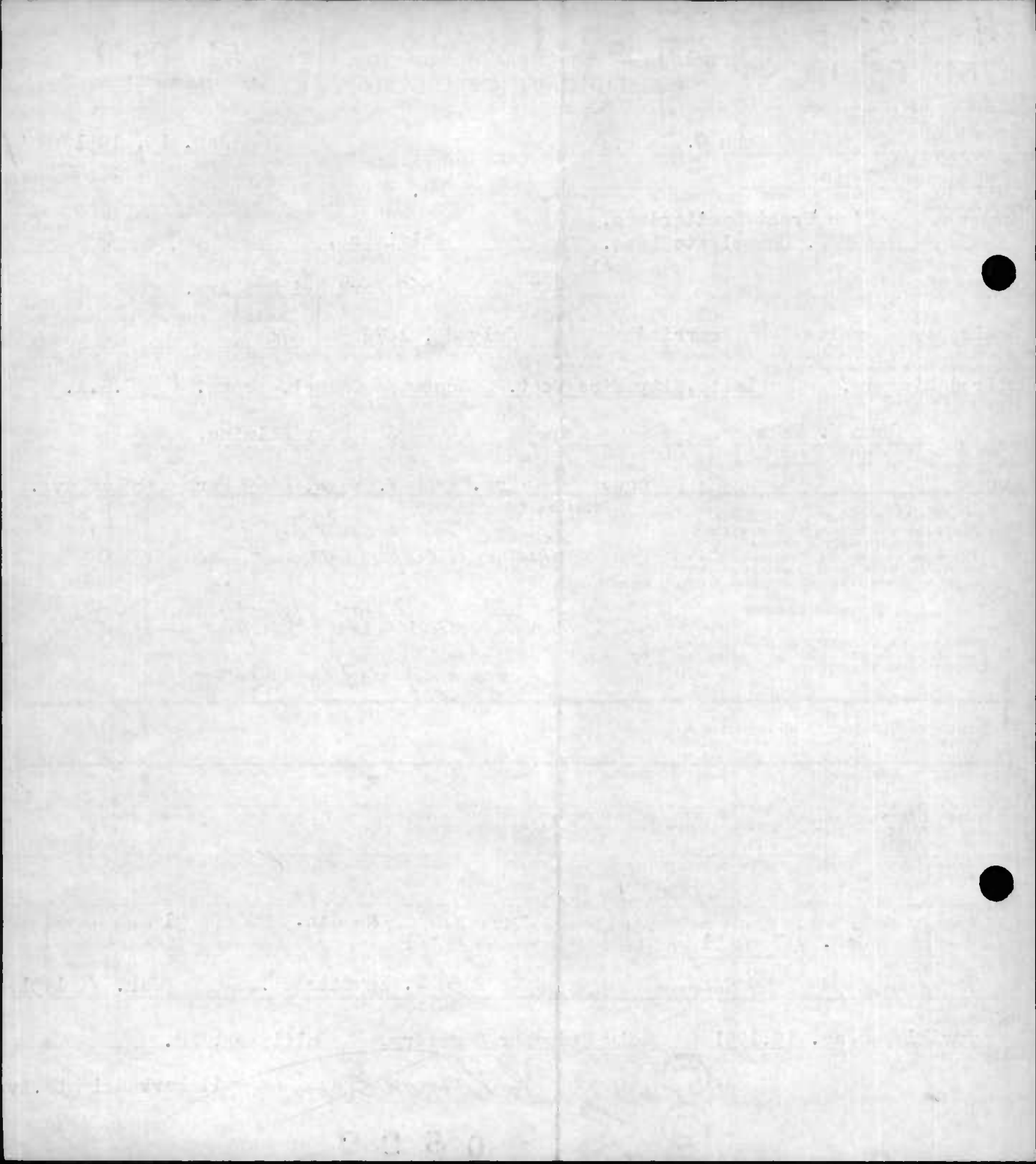
ADDRESS

4611 Park Heights Av

AN 13 1951

5 1 0 0 0 5 2 9

937



H-450,  
51 0531BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 0531

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>John M. Hollan</b>		2. DATE OF DEATH <b>1/17/51</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>1913 Eutaw Pl Twilight Nursing Home</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore Maryland 10-01</b>	
C. Length of stay in Baltimore <b>Lifetime</b>		D. STREET ADDRESS (If rural, give location) <b>1000 Forrest St.</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 13, 1887</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Porter</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Hotel</b>	9. AGE (In years last birthday) <b>63</b>
13. FATHER'S NAME <b>John M. Hollan</b>		11. BIRTHPLACE (State or foreign country) <b>Baltimore, Md.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO. <b>216-16-5611</b>		14. MOTHER'S MAIDEN NAME	
17. INFORMANT <b>Annie B. Hollan</b>		ADDRESS <b>1000 Forrest St.</b>	

18. <b>422.1 I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Acute Cardiac Deilitation</b> DUE TO <b>Cardio vascular Disease</b> DUE TO <b>Epilepsy</b>	CAUSE OF DEATH <b>Acute Cardiac Deilitation</b> <b>Cardio vascular Disease</b> <b>Epilepsy</b>	INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b> <b>?</b> <b>2</b>
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Jan 15, 1951** to **Jan 15, 1951**, that I last saw the deceased alive on **Jan 15, 1951**, and that death occurred at **1:15 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE <b>Henry Gleason</b>	23B. ADDRESS <b>2687 Myrtle Ave</b>	23C. DATE SIGNED <b>Jan 18 1951</b>
--	--	--

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>1/19/51</b>	24C. NAME OF CEMETERY OR CREMATORY <b>New Cathedral</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore, Md.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 18 1951</b>		REGISTRAR'S SIGNATURE <b>William M. Williams</b>	25. FUNERAL DIRECTOR <b>David R. Martin</b>
		ADDRESS <b>1902 Eutaw Place</b>	

CERTIFICATE OF DEATH

in the County of ... State of ...

... ..

...

...

R-200

51 0532

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 0532  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Margarite Rossi (Margaret Rossi)

2. DATE  
OF  
DEATH

1/14/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

University Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
BaltimoreD. STREET ADDRESS (If rural, give location)  
Arlington Ave + Middlebrook Terr

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

Feb. 3, 1866

9. AGE (In years  
last birthday)

84

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknowns) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

MR. DAK Rossi-

18. 4201

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A) Coronary Thrombosis

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B)  
DUE TO

(C)

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
INJURY21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 24, 1950 to Jan. 14, 1951 that I last saw the  
deceased alive on Jan. 14, 1951. and that death occurred at 9:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 18 1951

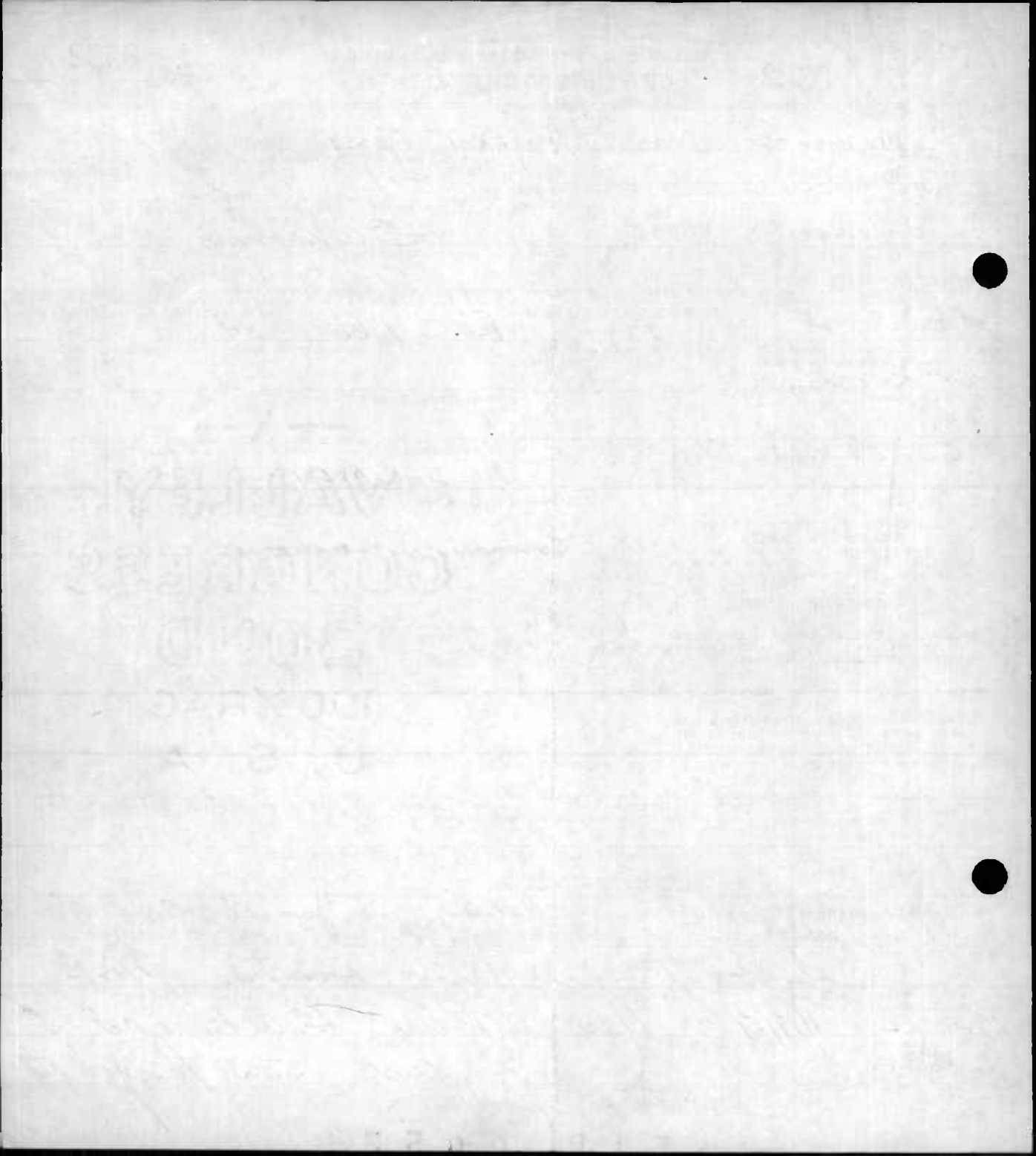
VS 150

Wilmington, Delaware

L. J. Luck

5305 Maryland Rd

94a





B-650

51 0533

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 0533

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

SAMUEL L. BROWN

2. DATE  
OF  
DEATH

January 17, 1951

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

Maryland

B. COUNTY

b. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

Johns Hopkins Hospital

c. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

d. STREET ADDRESS (If rural, give location)

2708 HAMILTON Avenue

e. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

JAN. 29-1894 56

9. AGE (In years  
last birthday)If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10a. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10b. KIND OF BUSINESS OR  
INDUSTRY

House Painter

11. BIRTHPLACE (State or foreign country)

North Carolina

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

JAMES BROWN

14. MOTHER'S MAIDEN NAME

Susie Peck

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Mary C. Brown- 2708 HAMILTON

18. E 816.4

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Skull fracture

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Subdural hemorrhage

(C) Contusion of brain

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21a. EXTERNAL CAUSE WAS  
UNDERLYING ☒ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21b. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

Street

21c. WHERE DID (If in Baltimore City, give exact location)

INJURY OCCUR?

Route 40, 2000' east of Golden Ring Road

21d. TIME (Month) (Day) (Year) (Hour)

January 11, 1951 7:20am.

21e. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE  
AT WORK ☒

21f. HOW DID INJURY OCCUR?

Auto and auto collision

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23a. SIGNATURE

23b. CHIEF MEDICAL EXAMINER.....

23c. DATE SIGNED

M.D. ASSISTANT MEDICAL EXAMINER.....  
MEDICAL INVESTIGATOR.....

Jan. 18, 1951

24a. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 18 1951

L. J. Luck

5305 Hartford Rd

VS 151

N-803.2

56424

170c

MEDICAL CERTIFICATION





Z-520

51 0534

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

51 0534

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)EMMA  
MRS. CATHERINE ZINK2. DATE  
OF  
DEATH

1-18-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

40 ST. Agnes Hospital

Yrs.  
Mos.  
Days

C. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

widow

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland Anne Arundel  
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

North Linthicum

D. STREET ADDRESS (If rural, give location)

29. Hampton Road 5200

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR INDUSTRY

8. DATE OF BIRTH

1-23-1880

9. AGE (In years last birthday)

70

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

RICHARD FRAZIER

14. MOTHER'S MAIDEN NAME

CATHERINE BURKE

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Lillian Mung - same

18. 451X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DISSECTION THORACIC AORTA

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) HEMOTHORAX &amp; ATELECTASIS

DUE TO RT. LUNG

(C) CHRONIC PASSIVE CONGESTION

LIVER &amp; SPLEEN

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/13, 1951, to 1/17, 1951, that I last saw the deceased alive on 1/17, 1951, and that death occurred at 12 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25 FUNERAL DIRECTOR

ADDRESS

MEDICAL CERTIFICATION

1880

10

STATIONER'S COPY

1880

10



5-5320535

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 0535

BIRTH NO. 00-24881

1. NAME OF DECEASED (Type or Print) <b>LEONARD R. SENTZ</b>			2. DATE OF DEATH <b>January 17, 1951</b>		
3. PLACE OF DEATH: a. <b>Baltimore City, Maryland</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Balto</b>		
b. FULL NAME OF HOSPITAL OR INSTITUTION <b>Baltimore City Hospital</b>			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore Essex</b>		
c. Length of stay in Baltimore Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) <b>42 Seaford Avenue 5300</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>Nov. 16, 1950</b>		9. AGE (in years last birthday) <b>2 1/2</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>	11. BIRTHPLACE (State or foreign country) <b>Balto., Md.</b>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <b>Phillip R. Sentz</b>			14. MOTHER'S MAIDEN NAME <b>Dorothy Becker</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT <b>Phillip R. Sentz - 42 Seaford Ave.</b>		

18. **EF19.4**

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **skull fracture**

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Subdural hemorrhage**

(C)

INTERVAL BETWEEN ONSET AND DEATH

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>Street</b>		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>3146 Dulany Valley Road</b>	
21d. TIME (Month) (Day) (Year) (Hour) <b>January 16, 1951 7:00P.m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Auto struck culvert</b>	
22. I certify that I took charge of the remains described above, held an <b>Autopsy</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23a. SIGNATURE <b>William H. Brown</b>		23b. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR..... M.D.		23c. DATE SIGNED <b>Jan. 18, 1950</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1-19-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Sacred Heart Cem.</b>	
24d. LOCATION (City, town, or county) <b>Balto Co Md.</b>		24e. LOCATION (City, town, or county) <b>Balto Co Md.</b>		24f. LOCATION (City, town, or county) <b>Balto Co Md.</b>	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE <b>Wm. H. Brown</b>		25. FUNERAL DIRECTOR <b>John S. Connolly - 418 Eastern Ave</b>	

JAN 18 1951

N-803-2 E 1 0531/70c Balto 21, Md.

MEDICAL CERTIFICATION

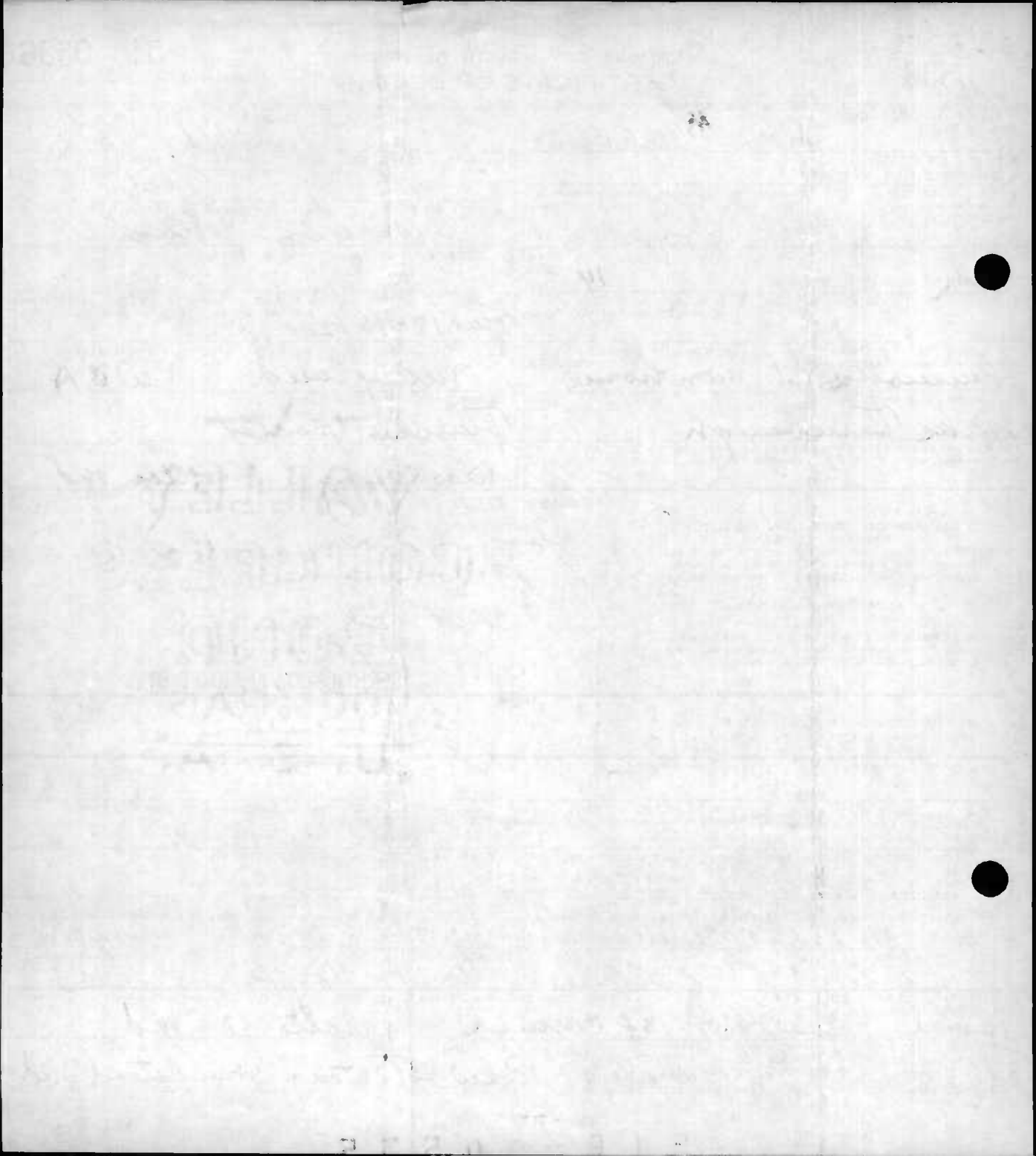


BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0536

Registered No.

1. NAME OF DECEASED (Type or Print) <b>ANNIE M PEREGOY</b>		2. DATE OF DEATH <b>11/18/51</b>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>MD.</b> B. COUNTY <b>Balto</b>	
b. FULL NAME OF HOSPITAL OR INSTITUTION <b>Univ. Hosp.</b>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Parkton Rural</b>	
c. Length of stay in Baltimore <b>14</b>		d. STREET ADDRESS (If rural, give location) <b>5300</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>Mar 17-1872</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife H.W.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>	9. AGE (In years last birthday) <b>78</b> If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
13. FATHER'S NAME <b>Isaac Turnbough</b>		14. MOTHER'S MAIDEN NAME <b>Frances Foster</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>✓</b>	
17. INFORMANT <b>Silas Peregoy</b>		ADDRESS <b>Parkton Md</b>	
18. <b>E902.01</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>probable anemia and kidney failure</b> DUE TO <b>Fractured hip &amp; many debility</b> ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>CERTIFICATION APPROVED BY</b> <b>JH Dunsen M.D.</b>			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION <b>0</b>		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input checked="" type="checkbox"/>		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>Parkton, Md., Baltimore Co.</b>		21d. TIME (Month) (Day) (Year) (Hour) <b>Jan. 4, 1951 ? P.m.</b>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Fell off chair</b>	
22. I hereby certify that I attended the deceased from <b>1-4</b> , 19 <b>51</b> , to <b>1-18</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>1-18</b> , 19 <b>51</b> , and that death occurred at <b>6:00 A.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Hubert E. Dunsen M.D.</b>		23b. ADDRESS <b>Univ. Hosp.</b>	
23c. DATE SIGNED <b>1-18-51</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>Jan 20/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt Carmel</b>	24d. LOCATION (City, town, or county) (State) <b>Balto Co - Md</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 18 1951</b>		25. FUNERAL DIRECTOR <b>Edw &amp; Tipton, Stampedead Md</b>	





62351 0537

FORREST

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 0537  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Lloyd Forrest</b>		2. DATE OF DEATH <b>Jan. 17, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>md.</b> B. COUNTY <b>md.</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>607 Pitcher St</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 14-02</b>	
C. Length of stay in Baltimore <b>72</b> Yrs. <b>72</b> Moe. <b>72</b> Days		D. STREET ADDRESS (If rural, give location) <b>607 Pitcher St</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>Col</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>W</b>	8. DATE OF BIRTH <b>Oct 12 1879</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Cookhouse WAITER</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Hotel</b>	
13. FATHER'S NAME <b>? Unknown</b>		14. MOTHER'S MAIDEN NAME <b>Unknown</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Ethel Jefferson</b>		ADDRESS <b>607 Pitcher St</b>	

18. <b>42 yr. 1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>(A) Myocardial Degeneration</b> DUE TO <b>(B) Generalized Arterio Sclerosis</b> DUE TO <b>(C)</b>	CAUSE OF DEATH <b>Myocardial Degeneration</b> <b>Generalized Arterio Sclerosis</b>	INTERVAL BETWEEN ONSET AND DEATH <b>1 mo</b> <b>3 mo</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>II</b> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>0</b>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **October 16, 1950**, to **Jan. 17, 1951**, that I last saw the deceased alive on **Jan. 17, 1951**, and that death occurred at **8:00 a.m.**, from the causes and on the date stated above.

23A. SIGNATURE <b>William Phillips</b>	23B. ADDRESS <b>1543 Penna. Ave</b>	23C. DATE SIGNED <b>1/18/51</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>B</b>	24B. DATE <b>1/19/51</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Mt Calvary</b>
24D. LOCATION (City, town, or county) (State) <b>Bkly md</b>	25. FUNERAL DIRECTOR <b>Joseph L. Russ</b>	ADDRESS <b>1200 Mc Culloch St</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 19 1951</b>	REGISTRAR'S SIGNATURE <b>William Phillips</b>	

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1881

520 51 0538 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 51 0538 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) *James Young.*

2. DATE OF DEATH *1/18/51*

3. PLACE OF DEATH: A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE *Md.* B. COUNTY *City*

5. FULL NAME OF HOSPITAL OR INSTITUTION *521 - Camel Street*

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) *Baltimore*

7. STREET ADDRESS (If rural, give location) *521 - Camel Street*

8. DATE OF BIRTH *3-14-1887*

9. AGE (In years last birthday) *63*

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *Laborer*

11. BIRTHPLACE (State or foreign country) *Md.*

12. CITIZEN OF WHAT COUNTRY? *U.S.A.*

13. FATHER'S NAME *William H. Young*

14. MOTHER'S MAIDEN NAME *Ellen Boston*

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) *No*

16. SOCIAL SECURITY NO. *none*

17. INFORMANT ADDRESS *Isabelle Carroll - W. Lex. St.*

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

19. CAUSE OF DEATH

20. INTERVAL BETWEEN ONSET AND DEATH *1 yr*

21. ANTECEDENT CAUSES

22. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

23. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

24. DATE OF OPERATION *0*

25. MAJOR FINDINGS OF OPERATION

26. AUTOPSY? YES ☐ NO ☐

27. 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

28. 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

29. 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

30. 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

31. 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

32. 21F. HOW DID INJURY OCCUR?

33. I hereby certify that I attended the deceased from *8-15-1930*, to *1-18-1937*, that I last saw the deceased alive on *1-16-1937*, and that death occurred at *6:00 p.m.*, from the causes and on the date stated above.

34. 23A. SIGNATURE *W. Atwell Jones* M. D.

35. 23B. ADDRESS *554 South St.*

36. 23C. DATE SIGNED *1-18-51*

37. 24A. BURIAL, CREMATION, REMOVAL (Specify)

38. 24B. DATE *1/22/51*

39. 24C. NAME OF CEMETERY OR CREMATORY *Mt. Auburn*

40. 24D. LOCATION (City, town, or county) (State)

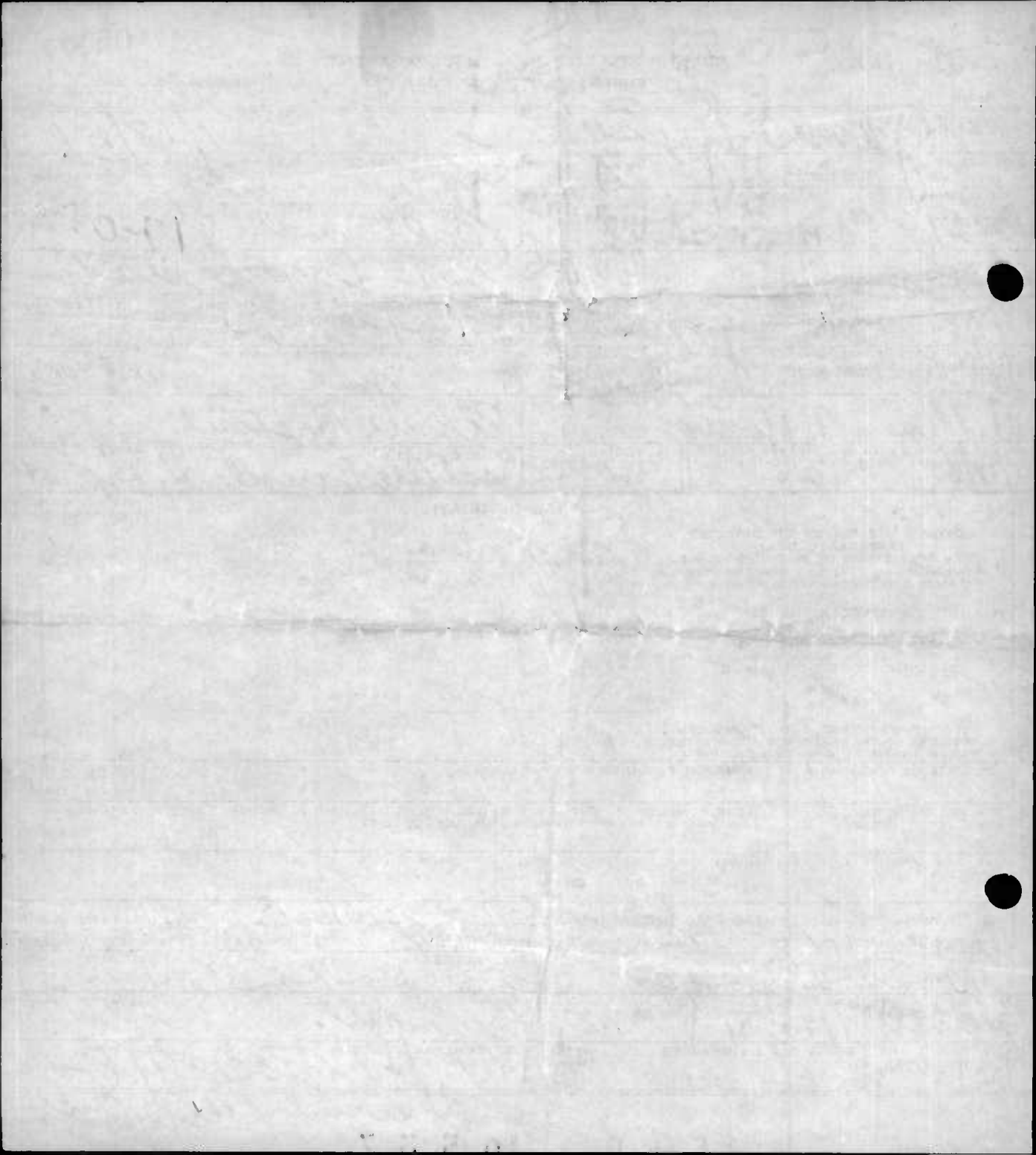
41. DATE RECEIVED BY LOCAL REGISTRAR *JAN 19 1951*

42. REGISTRAR'S SIGNATURE *W. Atwell Jones*

43. FUNERAL DIRECTOR ADDRESS *W. Halstead - 418 - 9th St. S.W.*

44. VS 150

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <i>Mr. Nathan Margolis</i>		2. DATE OF DEATH <i>1-18-51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>BALTIMORE MD</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Levindale</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 27-17</i>	
5. LENGTH OF STAY IN BALTIMORE _____ Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <i>Levindale</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH _____
9. AGE (in years last birthday) <i>79 years</i>		10. Under 1 Year: Months _____ Days _____ 11. Under 24 Hours: Hours _____ Min. _____	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>		10B. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTH PLACE (State or foreign country) <i>Russia</i>		12. CITIZEN OF WHAT COUNTRY? _____	
13. FATHER'S NAME <i>Not known</i>		14. MOTHER'S MAIDEN NAME <i>Not known</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____		16. SOCIAL SECURITY NO. _____	
17. INFORMANT <i>Levindale Home,</i>		ADDRESS _____	

18. <i>332X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <i>Cerebral Thrombosis</i> DUE TO (B) <i>Cerebral Arteriosclerosis</i> DUE TO (C) <i>Septic ulcer</i>	INTERVAL BETWEEN ONSET AND DEATH <i>6 weeks</i> <i>years</i> <i>years</i>
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19A. DATE OF OPERATION _____		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <i>January 16, 1948</i> , to <i>January 8, 1951</i> , that I last saw the deceased alive on <i>1-18-51</i> , 19 <i>51</i> , and that death occurred at <i>5:05 a.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Jerome J. Blumberg</i>		23B. ADDRESS <i>Levindale Home</i>		23C. DATE SIGNED <i>1-18-51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>1-19-51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt Carmel</i>	
24D. LOCATION (City, town, or county) <i>Balto</i>		24E. STATE <i>MD</i>		24F. FUNERAL DIRECTOR <i>Jack Lewis</i>	
24G. ADDRESS <i>2000 Canton Rd</i>		24H. DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 19 1951</i>		24I. REGISTRAR'S SIGNATURE <i>William Williams</i>	

1933

THE UNIVERSITY OF CHICAGO  
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51 0540

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0540  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>CHAIM SCHIRER</b>		2. DATE OF DEATH <b>1-18-51</b>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Md</b> b. COUNTY	
b. FULL NAME OF HOSPITAL OR INSTITUTION <b>912 Brooks Lane</b>		c. CITY OR TOWN (If outside corporate limits, give name and give township) <b>Baltimore</b>	
Length of stay in Baltimore <b>4</b> Yrs. <b>4</b> Mos. <b>4</b> Days		d. STREET ADDRESS (If rural, give location) <b>912 Brooks Lane</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Turner</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <b>Austria</b>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>David</b>		14. MOTHER'S MAIDEN NAME <b>Hylla</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Regina Kemberger</b>		ADDRESS <b>Baltimore</b>	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Coronary infarction of the heart</b> DUE TO <b>Coronary arteriosclerosis</b> ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>II</b> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH <b>about 2 weeks</b>
19a. DATE OF OPERATION <b>1/18/51</b>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>1/5/51</b> to <b>1/18/51</b> , that I last saw the deceased alive on <b>1/18/51</b> , 19 <b>51</b> and that death occurred at <b>6:45 a.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>William H. M.D.</b>		23b. ADDRESS <b>912 Brooks Lane</b>	
23c. DATE SIGNED <b>1/18/51</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1-19-51</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Rosedale</b>		24d. LOCATION (City, town, or county) (State) <b>Balto Md</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 19 1951</b>		REGISTRAR'S SIGNATURE <b>William H. M.D.</b>	
25. FUNERAL DIRECTOR <b>Beck Lewis Inc</b>		ADDRESS <b>2100 Eastern Ave</b>	

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150		BALTIMORE CITY HEALTH DEPARTMENT		Registered No. 51 0541	
51 0541		BIRTH NO. 51-01048		CERTIFICATE OF DEATH	
1. NAME OF DECEASED (Type or Print) Baby Girl Allen			2. DATE OF DEATH January 16, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md.		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION THE JOHNS HOPKINS HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 17-03		
5. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 830 Pierce St.		
6. COLOR OR RACE Colored		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH 1-14-51	
9. SEX Female		10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (In years last birthday) 2	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Senay Allen			14. MOTHER'S MAIDEN NAME		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT THE JOHNS HOPKINS HOSPITAL			ADDRESS		
18. 760.5 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Prematurity DUE TO (B) Wilkany Necrosis DUE TO (C) ? Intra Cranial Hemorrhage INTERVAL BETWEEN ONSET AND DEATH					19. DATE OF OPERATION
19A. DATE OF OPERATION					19B. MAJOR FINDINGS OF OPERATION
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1-15, 1951, to 1-16, 1951, that I last saw the deceased alive on 1-16, 1951, and that death occurred at 5:45 p.m., from the causes and on the date stated above.					
23A. SIGNATURE Robert E. L. M.B.			23B. ADDRESS THE JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY Holy Sepulchre	
24D. LOCATION (City, town, or county)		24E. DATE RECEIVED BY LOCAL REGISTRAR JAN 19 1951		24F. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
24G. FUNERAL DIRECTOR		24H. ADDRESS		24I. VS 150	
Hospital Disposal 160a					

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RECEIVED  
JAN 11 1961

118

Dear Sir,  
I have the honor to acknowledge the receipt of your letter of the 10th inst. in relation to the above matter.  
The same has been forwarded to the proper authorities for their consideration.  
Very respectfully,  
[Signature]

Very truly yours,  
[Signature]  
[Title]  
[Department]  
[Address]  
[City]  
[State]  
[Zip]

Enclosed for you are two copies of the report of the committee on the subject of the above matter.  
Very truly yours,  
[Signature]  
[Title]  
[Department]  
[Address]  
[City]  
[State]  
[Zip]

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **51 0542**

BIRTH NO. <b>542</b>		1. NAME OF DECEASED (Type or Print) <b>Ronald Heat</b>		2. DATE OF DEATH <b>Jan. 18, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MD</b> B. COUNTY <b>Anne Arundel</b>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>JOHNS HOPKINS HOSPITAL</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Ft. Meade</b>			
Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <b>5200</b>			
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>1-10-51</b>	9. AGE (in years last birthday)	If Under 1 Year Months: <b>8</b> Days: <b>8</b> Hours: <b>Min.</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTH PLACE (State or foreign country) <b>MD</b>	
13. FATHER'S NAME <b>David Heat</b>		12. CITIZEN OF WHAT COUNTRY? <input checked="" type="checkbox"/>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT <b>JOHNS HOPKINS HOSPITAL</b> ADDRESS	

18. <b>763.51</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) <b>Pneumonia 840 gms</b>		DUE TO			
ANTECEDENT CAUSES		(B) <b>Aspiration Pneumonia</b>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
(C) <b>?</b>					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>1/13</b> to <b>1/18</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>1/18</b> , 19 <b>51</b> , and that death occurred at <b>7:05</b> m., from the causes and on the date stated above.					
23A. SIGNATURE <b>Robert A. Karab</b>		23B. ADDRESS <b>JOHNS HOPKINS HOSPITAL</b>		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY <b>Rose Burial</b>	24D. LOCATION (City, town, or county) (State)		
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 19 1951</b>	REGISTRAR'S SIGNATURE <b>William H. Williams, Jr.</b>	25. FUNERAL DIRECTOR		ADDRESS	

12/11/74

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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

51 0543  
Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>KATHERINE FINK</b>		2. DATE OF DEATH <b>January 17, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>1530 Lochwood Road</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
D. STREET ADDRESS (If rural, give location) <b>1530 Lochwood Road</b>		E. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____	
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Nov. 16, 1885</b>
9. AGE (In years last birthday) <b>65</b>		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>Home</b>	11. BIRTHPLACE (State or foreign country) <b>Chestertown, Md.</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13. FATHER'S NAME <b>George Tarbutton</b>	
14. MOTHER'S MAIDEN NAME <b>Anna E. Smith</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>None</b>	
16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT <b>Mrs. Daisy L. Macdonald</b>	
ADDRESS <b>West Barrington</b>		B. I. _____	

18. <b>4221</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Arteriosclerotic cardiovascular disease</b>		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
(B) DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>Inquiry &amp; Inspection</u> thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>Stanley B. Durlacher</i>		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED <b>Jan. 17, 1951</b>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>1/20/51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Baltimore</b>		24D. LOCATION (City, town, or county) (State) <b>Baltimore, Md.</b>	
25. FUNERAL DIRECTOR <b>Wm. J. Pickens Sons Inc. Balto. Md.</b>		ADDRESS <b>Baltimore, Md.</b>		26. LOCAL REGISTRAR'S SIGNATURE <i>Wm. J. Pickens</i>		27. REGISTRAR'S SIGNATURE <i>Wm. J. Pickens</i>	

CERTIFICATE OF DEATH

10-10-1918

<p>1. Name of deceased: <i>John Doe</i></p>	
<p>2. Sex: <i>Male</i></p>	
<p>3. Age: <i>45</i></p>	
<p>4. Date of death: <i>10-10-1918</i></p>	
<p>5. Place of death: <i>Home</i></p>	
<p>6. Cause of death: <i>Heart failure</i></p>	
<p>7. Signature of physician: <i>Dr. J. Smith</i></p>	
<p>8. Signature of registrar: <i>John Doe</i></p>	

<p>9. Name of informant: <i>John Doe</i></p>	
<p>10. Address of informant: <i>123 Main St.</i></p>	
<p>11. City: <i>New York</i></p>	
<p>12. State: <i>New York</i></p>	
<p>13. County: <i>New York</i></p>	
<p>14. District: <i>1</i></p>	
<p>15. Sub-district: <i>1</i></p>	
<p>16. Block: <i>1</i></p>	
<p>17. Lot: <i>1</i></p>	
<p>18. Section: <i>1</i></p>	
<p>19. Township: <i>1</i></p>	
<p>20. Range: <i>1</i></p>	
<p>21. Meridian: <i>1</i></p>	
<p>22. Township: <i>1</i></p>	
<p>23. Range: <i>1</i></p>	
<p>24. Meridian: <i>1</i></p>	
<p>25. Township: <i>1</i></p>	
<p>26. Range: <i>1</i></p>	
<p>27. Meridian: <i>1</i></p>	
<p>28. Township: <i>1</i></p>	
<p>29. Range: <i>1</i></p>	
<p>30. Meridian: <i>1</i></p>	



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **51 0544**

1. NAME OF DECEASED (Type or Print) <b>ROBERT M. THOMPSON</b>		2. DATE OF DEATH <b>January 17, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mercy Hospital</b>		C. CITY OR TOWN (If outside corporate limits, give RURAL and give township) <b>Baltimore</b>	
D. STREET ADDRESS (If rural, give location) <b>160 N. Gay St.</b>			
5. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		8. DATE OF BIRTH <b>June 22, 1913</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	9. AGE (In years last birthday) <b>37</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Dairy Worker</b>
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>		11. BIRTHPLACE (State or foreign country) <b>Lynchburg, Virginia</b>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Dairy Worker</b>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>Charles Howard Thompson</b>		14. MOTHER'S MAIDEN NAME <b>Fannie Colbert</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>W.D. Diuguid</b>		ADDRESS <b>1016 Rivermont Ave. Lynchburg, Va.</b>	

18. <b>002X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Hemoptysis due to pulmonary tuberculosis</b>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <b>Stanley B. Durlacher</b> M.D.	23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/>	23C. DATE SIGNED <b>Jan. 17, 1951</b>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>1-20-1951</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Spring Hill</b>	24D. LOCATION (City, town, or county) (State) <b>Lynchburg, Va.</b>
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DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 19 1951</b>	REGISTRAR'S SIGNATURE <b>Wm. J. Tichner</b>	25. FUNERAL DIRECTOR <b>Wm. J. Tichner</b>	ADDRESS <b>Baltimore Md.</b>
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MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BIRTH

SEX

EDUCATION

RELIGION

DATE OF MARRIAGE

DATE OF DEATH

DATE OF DEATH

DATE OF DEATH

DATE OF DEATH

DATE OF DEATH

1-1-1951

1-1-1951

655 51 0545 BIRTH NO.		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		51 0545 Registered No.	
1. NAME OF DECEASED (Type or Print) <b>MORNINGSTAR</b> <i>IRAL Morningstar</i>			2. DATE OF DEATH <b>1-17-51</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Univ. Hosp</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 12-02</i>		
6. LENGTH OF STAY IN BALTIMORE			D. STREET ADDRESS (If rural, give location) <i>2904 H. Calvert</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Nov. 25, 1877</i>	9. AGE (In years last birthday) <i>73</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Credit Mgr.</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>Wholesale Hotel Supplies</i>		11. BIRTHPLACE (State or foreign country) <i>Md Union Bridge</i>
13. FATHER'S NAME <i>Wm. H. Morningstar</i>			12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>None</i>			14. MOTHER'S MAIDEN NAME <i>Eliza Elizabeth Furney</i>		
16. SOCIAL SECURITY NO. <i>?</i>			17. INFORMANT ADDRESS <i>Mrs. Katherine DeVilbiss 2904 N. Calvert St.</i>		
18. <i>470.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Arteriosclerotic heart disease</i>			CAUSE OF DEATH <i>Arteriosclerotic heart disease</i>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)			INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>1-8</i> , 19 <i>51</i> , to <i>1-17</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>1-17</i> , 19 <i>51</i> , and that death occurred at <i>11:55</i> A.m., from the causes and on the date stated above.					
23A. SIGNATURE <i>E. T. O. Shaw</i>			23B. ADDRESS <i>Univ Hosp</i>		23C. DATE SIGNED <i>1/18/51</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>1/20/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>St. Johns Huntingdon</i>		24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 19 1951</i>		REGISTRAR'S SIGNATURE <i>Wm. J. Tackner</i>		25. FUNERAL DIRECTOR ADDRESS <i>Wm. J. Tackner Sons Inc. Balto Md.</i>	

WALLLEY  
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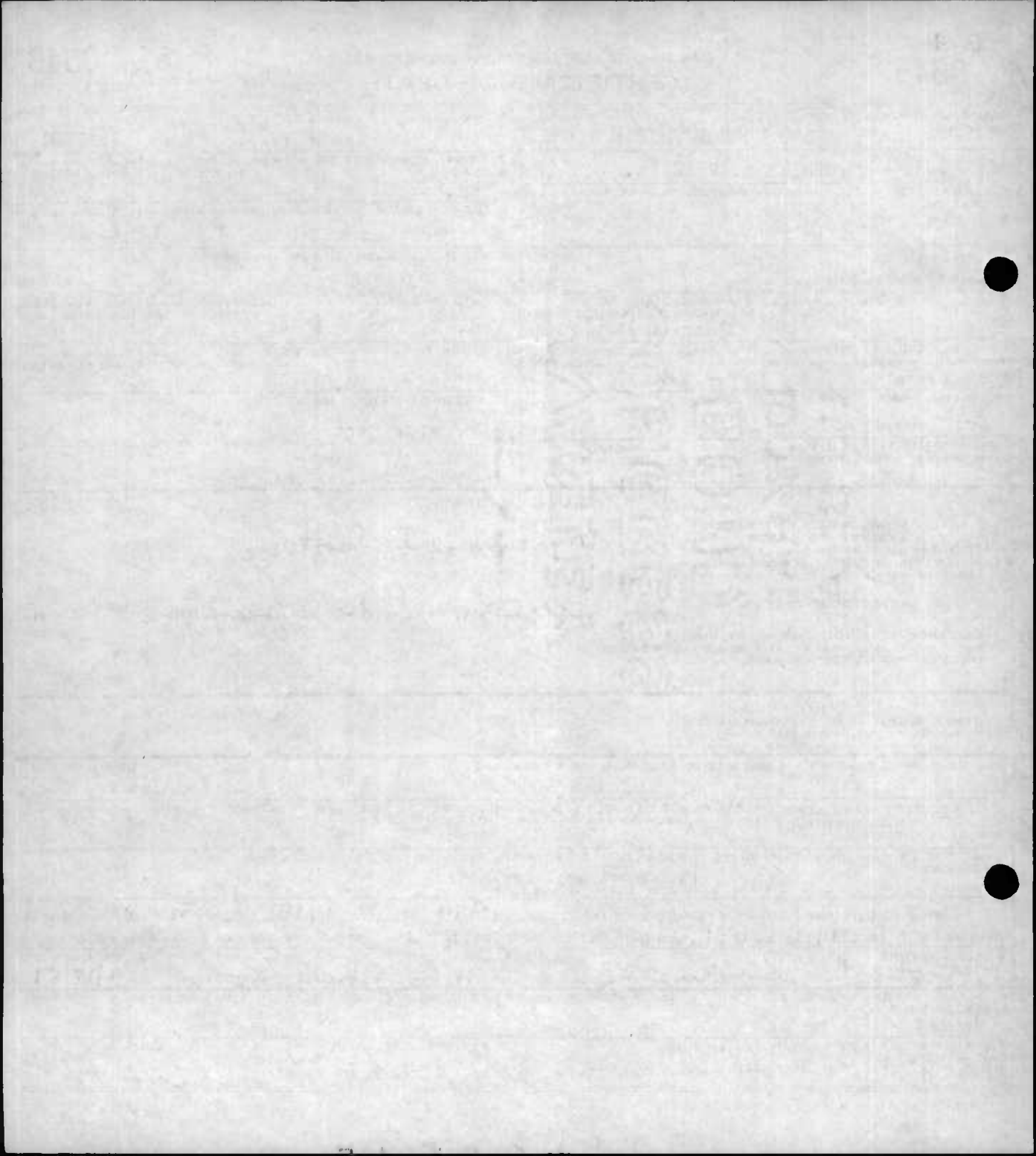
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0546BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 0546

BIRTH NO.		1. NAME OF DECEASED (Type or Print) DR. VERNON PHILIP SCHEIDT		2. DATE OF DEATH Jan 18, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland 3 E. Read St.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 3 E. Read St.			
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 2, 1905	9. AGE (In years last birthday) 46	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Psychologist		10B. KIND OF BUSINESS OR INDUSTRY Professional		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Dr. Robert B. Scheidt		14. MOTHER'S MAIDEN NAME Jeanette Hart	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Mrs. Florence D. Scheidt 3 E. Read St.	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocardial Infarction		CAUSE OF DEATH (A) DUE TO Hypertensive Cardio-vascular disease unknown		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour)		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1949, 1951, to 1/18, 1951, that I last saw the deceased alive on 1/16, 1951, and that death occurred at 11:30 A.M., from the causes and on the date stated above.					
23A. SIGNATURE Walter L. Singer		23B. ADDRESS 11 E Chase St		23C. DATE SIGNED 1/18/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 1/22/51		24C. NAME OF CEMETERY OR CREMATORY St. Johns Cem.	
24D. LOCATION (City, town, or county) (State) Ellicott City, Md.		24E. FUNERAL DIRECTOR Wm. J. Tiekner & Sons Inc		24F. ADDRESS Baltimore Md	

OF 282

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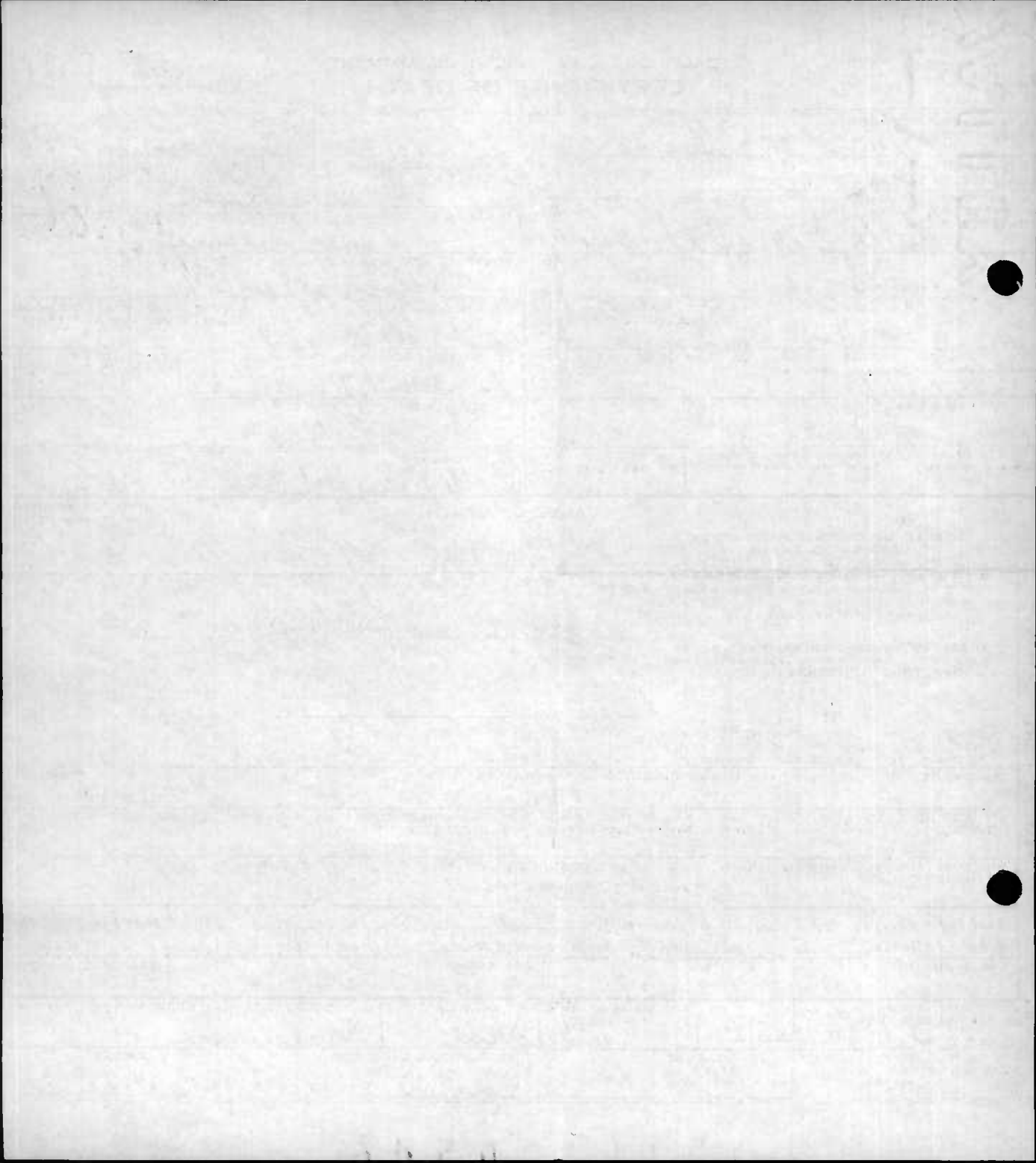
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0547BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 0547

1. NAME OF DECEASED (Type or Print) <i>Helen Mc Graw</i>			2. DATE OF DEATH <i>Jan. 18, 1951</i>			
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> COUNTY <i>Baltimore</i>			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>Little Sisters of the Poor</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>			
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <i>1200 Valley St</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>April 4, 1856</i>	9. AGE (In years last birthday) <i>94</i>	10. Under 1 Year Months: Days	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Hatertown, New York</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>James Savanagh</i>			14. MOTHER'S MAIDEN NAME <i>Mary Bellew</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <i>Yes, no or unknown</i>		16. SOCIAL SECURITY NO.	17. INFORMANT <i>Little Sisters of the Poor</i> ADDRESS <i>1200 Valley St</i>			
13. <i>42211</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH (A) <i>Chronic Myocarditis</i> DUE TO (B) <i>Arterio Sclerosis</i> DUE TO (C)			INTERVAL BETWEEN ONSET AND DEATH <i>5 yrs</i> <i>10 yrs</i>
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>Jan 10</i> , 1951, to <i>Jan 18</i> , 1951, that I last saw the deceased alive on <i>Jan 17</i> , 1951, and that death occurred at <i>10 A</i> - m., from the causes and on the date stated above.						
23A. SIGNATURE <i>E. Gill Hall MD</i>		23B. ADDRESS <i>1631 E. North Ave</i>		23C. DATE SIGNED <i>Jan 18-1951</i>		
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Jan 20/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Cathedral</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 19 1951</i>		REGISTRAR'S SIGNATURE <i>Antington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Beta Wiedefeld</i> ADDRESS <i>900 E. Biddle St.</i>		

MEDICAL CERTIFICATION





51 0548

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0548

Registered No.

BIRTH NO. 51-00960

1. NAME OF DECEASED  
(Type or Print)

BABY GIRL WURTZBURGER

2. DATE  
OF  
DEATH

Jan. 15, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Church Home &amp; Hospital

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTE Church Home & Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

Md.

B. COUNTY

Baltimore

C. CITY OR TOWN

Baltimore 27-01

D. STREET ADDRESS (If rural, give location)

4618 Belair Rd.

Length of stay in Baltimore

36 hrs. Yrs. Mos. Days

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Jan. 13, 1951

9. AGE (In years last birthday)

If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.

1 13

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Mr. Alfred Wurtzburger

14. MOTHER'S MAIDEN NAME

Mary Mancuso

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Church Home &amp; Hospital

18. 762.51

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Osteoporosis of newborn

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

36 hr.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Prematurity

DUE TO

36 wk. baby

(C)

Placenta previa, marginal

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Jan. 13, 1951, to Jan. 15, 1951, that I last saw the deceased alive on Jan. 15, 1951, and that death occurred at 8:50 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Kirk Moore MD

M. D.

23B. ADDRESS

Church Home - Hospital Balt Md

23C. DATE SIGNED

1-15-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL

JAN 17 1951

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 19 1951

Wm. J. Williams, M.D.

Commissioner of Health

RECEIVED  
JAN 10 1964  
FEDERAL BUREAU OF INVESTIGATION  
U. S. DEPARTMENT OF JUSTICE

MAILED  
JAN 10 1964

2020

51 0549

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 0549  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Miss Catherine Quinn

2. DATE  
OF  
DEATH

1/18/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence  
A. STATE B. COUNTY before admission)

Md

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

Mercy Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Balto.

10-01

D. STREET ADDRESS (If rural, give location)

204 E. Biddle St

C. Length of stay in Baltimore Life

Yrs.  
Mos.  
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)If Under 1 Year If Under 24 Hours  
Months: Days Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

215-01-3896

17. INFORMANT

ADDRESS

Kath. Records

1B. 170X I

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Generalized Carcinomatosis

DUE TO

## ANTECEDENT CAUSES

(primary site probably left breast)

(over)

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE  
WORK AT WORK22. I hereby certify that I attended the deceased from 1/18, 1951, to 1/18, 1951, that I last saw the  
deceased alive on 1/18, 1951, and that death occurred at 10:22 Am., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Charles R. Dulaney M. D.

Main Hall

1/18/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 19 1951

Eustington Williams, M.D.

HENRY SANDER & SONS INC.  
BALTO. Md.

Serge A. Sander

VS 150

690 4G

50

"Primary site probably left breast."

Anatomical location: "Probably involving liver, lungs, ribs, spleen & bra

See Document File 51-0549  
2/20/1951 ES

562  
51 0550BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0550

Registered No.

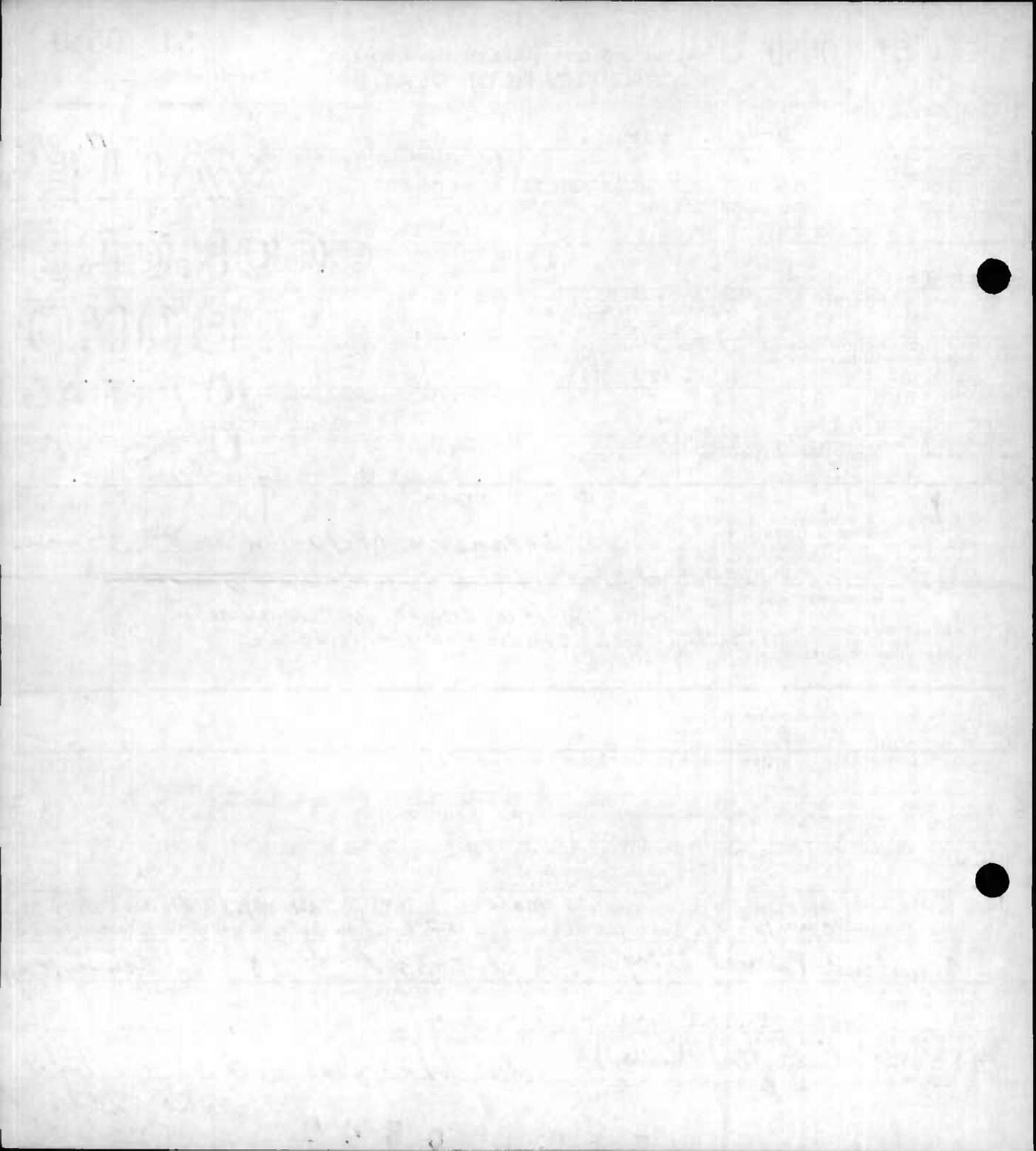
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Harry S. Emrich</b>		2. DATE OF DEATH <b>January 17, 1951</b>	
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Blackstone Apartments</b> <b>Charles &amp; 33rd Streets</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b> <b>12-02</b>	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>Blackstone Apts. Charles &amp; 33rd Streets</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Feb. 19, 1868</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Retail Automobiles</b>	9. AGE (In years last birthday) <b>82</b>
11. BIRTHPLACE (State or foreign country) <b>Baltimore</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Harry Simone Emrich</b>		14. MOTHER'S MAIDEN NAME <b>Caroline Emrich</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>?</b>	
17. INFORMANT <b>Mrs. Elizabeth Emrich-Blackstone Apts.</b>		ADDRESS	

18. <b>420.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Coronary occlusion, acute</b> DUE TO <b>Hypertensive, arteriosclerotic Cardiovascular disease</b>	INTERVAL BETWEEN ONSET AND DEATH <b>30 min</b>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>March</b> , 1947, to <b>JANUARY 17, 1951</b> , that I last saw the deceased alive on <b>JANUARY 16, 1951</b> , and that death occurred at <b>12-206</b> m., from the causes and on the date stated above.					
23A. SIGNATURE <b>Maunland Edward Day</b> M. D.		23B. ADDRESS <b>4-E-33rd St -18</b>		23C. DATE SIGNED <b>January 16, 1951</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>January 19, 1951</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Druid Ridge Cemetery</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 19 1951</b>		REGISTRAR'S SIGNATURE <b>Wilmington Williams, M.D.</b>		25. FUNERAL DIRECTOR <b>Wm. J. Tickner &amp; Sons</b> North & Anna Aves Balto., Md. 937	







BIRTH NO.					
1. NAME OF DECEASED (Type or Print) <b>MARY Ann PRICE</b>			2. DATE OF DEATH <b>1-17-57</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>CITY</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>SINAI HOSPITAL</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 9-09</b>		
D. LENGTH OF STAY IN BALTIMORE <b>Life</b>			D. STREET ADDRESS (If rural, give location) <b>1725 ASQUITH ST.</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>2-23-1944</b>	9. AGE (In years last birthday) <b>6</b>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>School girl</b>			11. BIRTHPLACE (State or foreign country) <b>Baltimore Md</b>		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13. FATHER'S NAME <b>Merritt T. Price</b>			14. MOTHER'S MAIDEN NAME <b>Margaret Fisher</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No.</b>			16. SOCIAL SECURITY NO. <b>None</b>		
17. INFORMANT <b>Mrs Florence Fisher</b>			ADDRESS <b>1725 Asquith St</b>		

18. <b>E903.4</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) <b>Brain Abscess</b> DUE TO (B) <b>Osteomyelitis of roof of l. orbit</b> DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>1-20-57</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>School yard</b>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>at school yard Eden 9/9 + Federal Sts.</b>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>Dec 20 1950 1P.</b>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <b>Child was thrown to ground when collided with another child.</b>	
22. I certify that I took charge of the remains described above, held an <b>AUTOPSY</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <b>Stanley H. Deuelacher M.D.</b>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED <b>Jan. 17, 1957</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>1-20-57</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Louisa Mc Cemetery Frederick Rd Balto. Md</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 19 1957</b>		REGISTRAR'S SIGNATURE <b>Wilmington Williams, M.D.</b>		25. FUNERAL DIRECTOR <b>George J. Guth Inc 7735 Hanford Ave.</b>	
VS 151		N-856.0		195E ✓	

BIRTH AND DEATH REGISTRATION  
CERTIFICATE OF DEATH

<p>NAME OF DECEASED</p> <p>AGE</p> <p>SEX</p> <p>DATE OF BIRTH</p> <p>PLACE OF BIRTH</p> <p>DATE OF DEATH</p> <p>PLACE OF DEATH</p> <p>CAUSE OF DEATH</p>	<p>REGISTRATION DISTRICT</p> <p>LOCALITY</p> <p>DATE OF REGISTRATION</p> <p>SIGNATURE OF REGISTRAR</p>
---	--

<p>NAME OF DECEASED</p> <p>AGE</p> <p>SEX</p> <p>DATE OF BIRTH</p> <p>PLACE OF BIRTH</p> <p>DATE OF DEATH</p> <p>PLACE OF DEATH</p> <p>CAUSE OF DEATH</p>	<p>REGISTRATION DISTRICT</p> <p>LOCALITY</p> <p>DATE OF REGISTRATION</p> <p>SIGNATURE OF REGISTRAR</p>
---	--

<p>NAME OF DECEASED</p> <p>AGE</p> <p>SEX</p> <p>DATE OF BIRTH</p> <p>PLACE OF BIRTH</p> <p>DATE OF DEATH</p> <p>PLACE OF DEATH</p> <p>CAUSE OF DEATH</p>	<p>REGISTRATION DISTRICT</p> <p>LOCALITY</p> <p>DATE OF REGISTRATION</p> <p>SIGNATURE OF REGISTRAR</p>
---	--

400  
51 0552BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 0552  
Registered No.

BIRTH NO.			1. NAME OF DECEASED (Type or Print) <b>JOHN R. BELL</b>			2. DATE OF DEATH <b>January 18, 1951</b>		
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>24-04</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mercy Hospital</b>			D. STREET ADDRESS (If rural, give location) <b>1705 Byrd Street</b>			E. LENGTH of stay in Baltimore Yrs. Mos. Days		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Dec. 18, 1906</b>		9. AGE (In years last birthday) <b>44</b>		10. Under 1 Year Months Days	11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Taxi Driver</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>Diamond Cab Co.</b>			11. BIRTHPLACE (State or foreign country) <b>Baltimore, Maryland</b>		
12. CITIZEN OF WHAT COUNTRY?			13. FATHER'S NAME <b>Joseph W. Bell</b>			14. MOTHER'S MAIDEN NAME <b>Emma J. Sadler</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>no</b>			16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS <b>Ethel Bell Wroten, 1704 Johnson Street</b>		

18. <b>E976X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Gunshot wound of head</b> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) <b>Gunshot wound of head</b> DUE TO (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH	
--	--	--	--	----------------------------------	--

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>public place</b>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>Mercantile Trust Co., Calvert &amp; Fayette Sts.</b>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>January 18, 1951 8.30p.m.</b>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <b>Firearms</b>	
22. I certify that I took charge of the remains described above, held an <b>autopsy</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input checked="" type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <b>R. F. Fisher</b> M.D.		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED <b>Jan. 19, 1951</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24B. DATE <b>1/22/51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Parkwood Cemetery</b>	
24D. LOCATION (City, town, or county) (State) <b>Parkville, Maryland</b>		24E. DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 19 1951</b>		24F. REGISTRAR'S SIGNATURE <b>Wm. Book, Inc., 1217 St. Paul Street</b>	
24G. FUNERAL DIRECTOR ADDRESS <b>Wm. Book, Inc., 1217 St. Paul Street</b>		24H. V S 151		24I. N-853, 4051 68-14 0551	

164c ✓

STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of informant		11. Signature of witness		12. Signature of coroner	
13. Signature of funeral director		14. Signature of undertaker		15. Signature of cemetery		16. Signature of burial place	
17. Signature of interment		18. Signature of burial		19. Signature of burial		20. Signature of burial	
21. Signature of burial		22. Signature of burial		23. Signature of burial		24. Signature of burial	
25. Signature of burial		26. Signature of burial		27. Signature of burial		28. Signature of burial	
29. Signature of burial		30. Signature of burial		31. Signature of burial		32. Signature of burial	
33. Signature of burial		34. Signature of burial		35. Signature of burial		36. Signature of burial	
37. Signature of burial		38. Signature of burial		39. Signature of burial		40. Signature of burial	
41. Signature of burial		42. Signature of burial		43. Signature of burial		44. Signature of burial	
45. Signature of burial		46. Signature of burial		47. Signature of burial		48. Signature of burial	
49. Signature of burial		50. Signature of burial		51. Signature of burial		52. Signature of burial	
53. Signature of burial		54. Signature of burial		55. Signature of burial		56. Signature of burial	
57. Signature of burial		58. Signature of burial		59. Signature of burial		60. Signature of burial	
61. Signature of burial		62. Signature of burial		63. Signature of burial		64. Signature of burial	
65. Signature of burial		66. Signature of burial		67. Signature of burial		68. Signature of burial	
69. Signature of burial		70. Signature of burial		71. Signature of burial		72. Signature of burial	
73. Signature of burial		74. Signature of burial		75. Signature of burial		76. Signature of burial	
77. Signature of burial		78. Signature of burial		79. Signature of burial		80. Signature of burial	
81. Signature of burial		82. Signature of burial		83. Signature of burial		84. Signature of burial	
85. Signature of burial		86. Signature of burial		87. Signature of burial		88. Signature of burial	
89. Signature of burial		90. Signature of burial		91. Signature of burial		92. Signature of burial	
93. Signature of burial		94. Signature of burial		95. Signature of burial		96. Signature of burial	
97. Signature of burial		98. Signature of burial		99. Signature of burial		100. Signature of burial	

30  
51 0553BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 0553  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Catherine E. MacKett

2. DATE  
OF  
DEATH

1/18/51 1:30 P.M.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

342 S. Bouldin st

Yrs.  
Mos.  
Days

C. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

10/5/1874

9. AGE (in years  
last birthday)

76

If Under 1 Year  
Months: Days Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Retired Post Lady

10B. KIND OF BUSINESS OR  
INDUSTRY

Eros Kay Co

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Christian Selig

14. MOTHER'S MAIDEN NAME

Margaret (Unknown)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

No

16. SOCIAL  
SECURITY NO.

213-03-9222

17. INFORMANT

ADDRESS

Ruth MacKett 342 S. Bouldin st.

18. 4200

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A)

Cerebral Hemorrhage

30 min.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Arteriosclerotic Heart Disease

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Hypertensive Cardiomyopathy

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1946, to Jan 18, 1951, that I last saw the deceased alive on Jan 18, 1951, and that death occurred at 1:34 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Charles E. MacKett

M. O.

23B. ADDRESS

2900 E. Balto St.

23C. DATE SIGNED

Jan 19, 1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

1/22/51

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

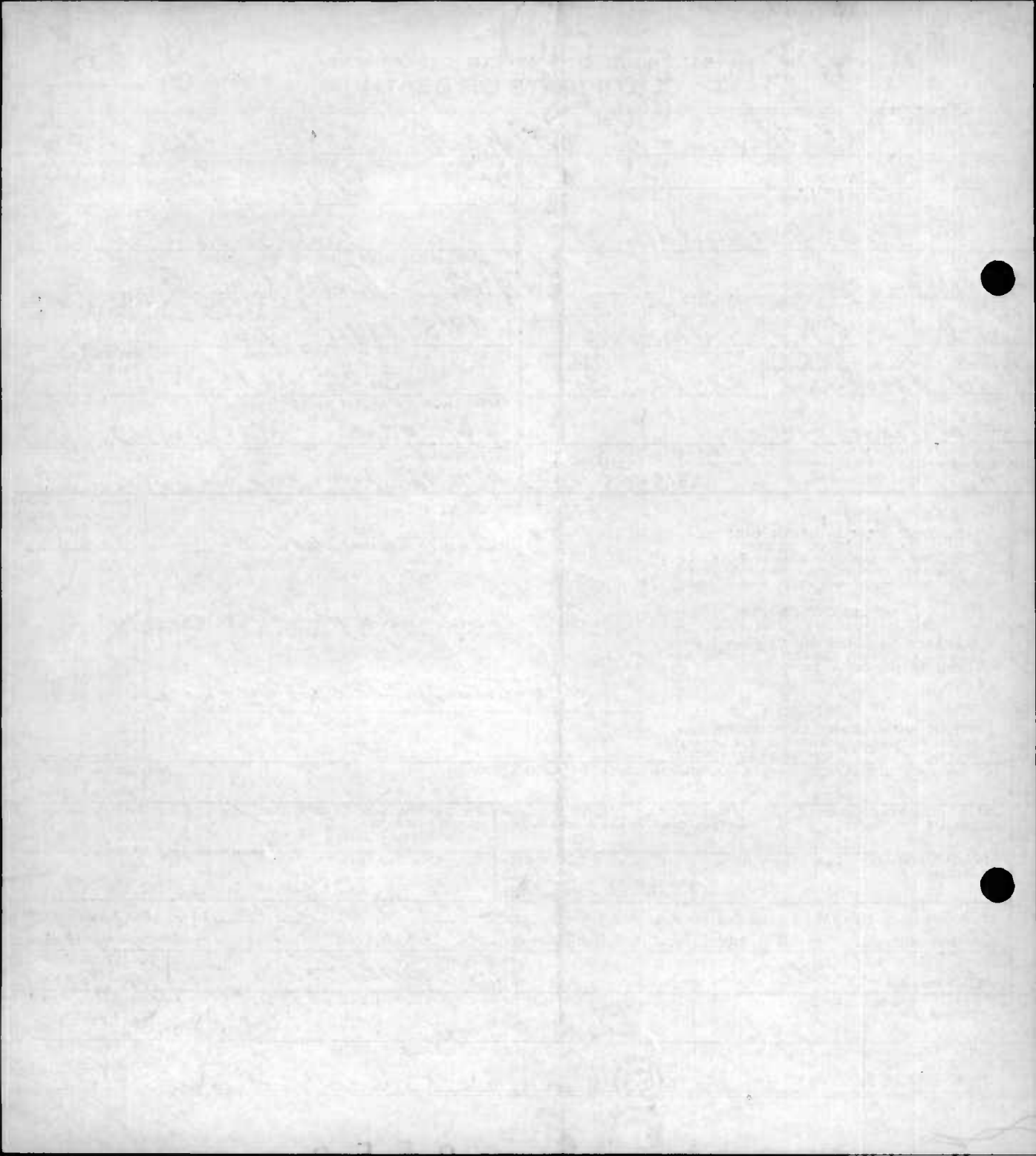
25. FUNERAL DIRECTOR

ADDRESS

JAN 19 1951

Wilmington Williams, Md.

10th Cook Inc. 1217 St. Paul St.



P-150

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0554

Registered No.

51 0554

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

THOMAS K

Pippin

2. DATE  
OF  
DEATHJANUARY 17  
1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

Pinecrest Sanatorium

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

20-07

D. STREET ADDRESS (If rural, give location)

422 Normandy Ave.

C. Length of stay in Baltimore

40/ Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Feb. 28, 1867

9. AGE (In years

last birthday)

83 yrs

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Retired - Clerk

10B. KIND OF BUSINESS OR  
INDUSTRY

Bank

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

? Pippin

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.  
705-10-5653

17. INFORMANT

132 Market Street

Mrs. Ann Wiegard, Annapolis, Md.

18.

420.0 I

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

(A) Chronic myocarditis and  
myocardial degeneration

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Arteriosclerotic Heart Disease

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(C) Generalized arteriosclerosis

Senility

INTERVAL BETWEEN  
ONSET AND DEATH

?

?

?

2

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from November 16, 1950, to JANUARY 17, 1951, that I last saw the  
deceased alive on JAN 17, 1951, and that death occurred at 8:30 P m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Melvin N. Borden

M. D.

2030 W. Fayette St

1/17/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

F. FUNERAL DIRECTOR

ADDRESS

JAN 19 1951

W. H. Williams, M.D.

W. H. Williams, M.D.

1003 N. Baltimore St

VS 150

10510000553

937

MEDICAL CERTIFICATION



CERTIFICATE OF DEATH

<p>1. Name of deceased: _____</p>		<p>2. Sex: _____</p>	
<p>3. Age: _____</p>		<p>4. Date of birth: _____</p>	
<p>5. Place of birth: _____</p>		<p>6. Date of death: _____</p>	
<p>7. Cause of death: _____</p>		<p>8. Place of death: _____</p>	
<p>9. Signature of physician: _____</p>		<p>10. Signature of registrar: _____</p>	
<p>11. Signature of informant: _____</p>		<p>12. Signature of witness: _____</p>	
<p>13. Signature of funeral director: _____</p>		<p>14. Signature of undertaker: _____</p>	
<p>15. Signature of coroner: _____</p>		<p>16. Signature of justice of the peace: _____</p>	
<p>17. Signature of health officer: _____</p>		<p>18. Signature of school teacher: _____</p>	
<p>19. Signature of minister: _____</p>		<p>20. Signature of other: _____</p>	

P-624

AB-144914

P-625

0555

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51. 0555

Registered No.

1. NAME OF DECEASED (Type or Print) <b>Matthew Pearsall (Pearson)</b>		2. DATE OF DEATH <b>1-11-1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Baltimore City Hospitals</b> <b>4940 Eastern Ave.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
D. STREET ADDRESS (If rural, give location) <b>705 Y Alley zone 30</b>		5. LENGTH OF STAY IN BALTIMORE <b>57yrs</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>N</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Nov. 25-1881</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CABODEN</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>General</b>	9. AGE (In years last birthday) <b>69</b>
13. FATHER'S NAME <b>Nixon Pearsall (Dec.)</b>		11. BIRTHPLACE (State or foreign country) <b>North Carolina</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>yes</b>		12. CITIZEN OF WHAT COUNTRY? <b>?</b>	
16. SOCIAL SECURITY NO. <b>217-09-1326</b>		17. INFORMANT'S ADDRESS <b>Baltimore City Hospitals</b> <b>4940 Eastern Ave.</b>	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>002X</b> <b>Pulmonary Military Tuberculosis</b> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH <b>Unknown</b> <b>over</b>	
19A. DATE OF OPERATION <b>2</b>		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>1-8-</b> , 19 <b>51</b> to <b>1-11-</b> , 19 <b>51</b> that I last saw the deceased alive on <b>1-11-</b> , 19 <b>51</b> and that death occurred at <b>9:35AM</b> from the causes and on the date stated above.			
23A. SIGNATURE <b>[Signature]</b>		23B. ADDRESS <b>4940 Eastern Ave. Baltimore, Md.</b>	
23C. DATE SIGNED <b>1-12-1951</b>		24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24B. DATE <b>Jan 19-51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	
24D. LOCATION (City, town, or county) (State) <b>Baltimore</b>		LOCAL REGISTRATION <b>JAN 19 1951</b>	
REGISTRAR'S SIGNATURE <b>[Signature]</b>		FUNERAL DIRECTOR'S ADDRESS <b>W. B. Spanggs 139 W. Hamby St.</b>	

Information obtained from Bureau of Tuberculosis report card

#00101

1/30/51

B-65351 0556

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 0556

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		Jenny BARNETT		2. DATE OF DEATH January 18, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
5. FULL NAME OF HOSPITAL OR INSTITUTION Maryland General Hospital				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 17-02			
6. LENGTH OF STAY IN BALTIMORE 60				D. STREET ADDRESS (If rural, give location) 1026 Druid Hill Ave.			
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH Nov 25, 1886	9. AGE (In years last birthday) 64	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Va.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Unknown				14. MOTHER'S MAIDEN NAME Johnson			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT John Barnett		ADDRESS 1026 Druid Hill Ave.	

18. 162X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Branchogenic carcinoma DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) Branchogenic carcinoma DUE TO (B) DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH
--	--	----------------------------------

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .					
23A. SIGNATURE William V. Smith		23B. CHIEF MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23C. DATE SIGNED Jan. 18, 1951	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 1/20/51	24C. NAME OF CEMETERY OR CREMATORY Mt Auburn	24D. LOCATION (City, town, or county) (State) Balto - Md.
DATE RECEIVED BY LOCAL REGISTRAR JAN 19 1951		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Holland Funeral Home 16015 B. mid Hill Ave.

MEDICAL CERTIFICATION



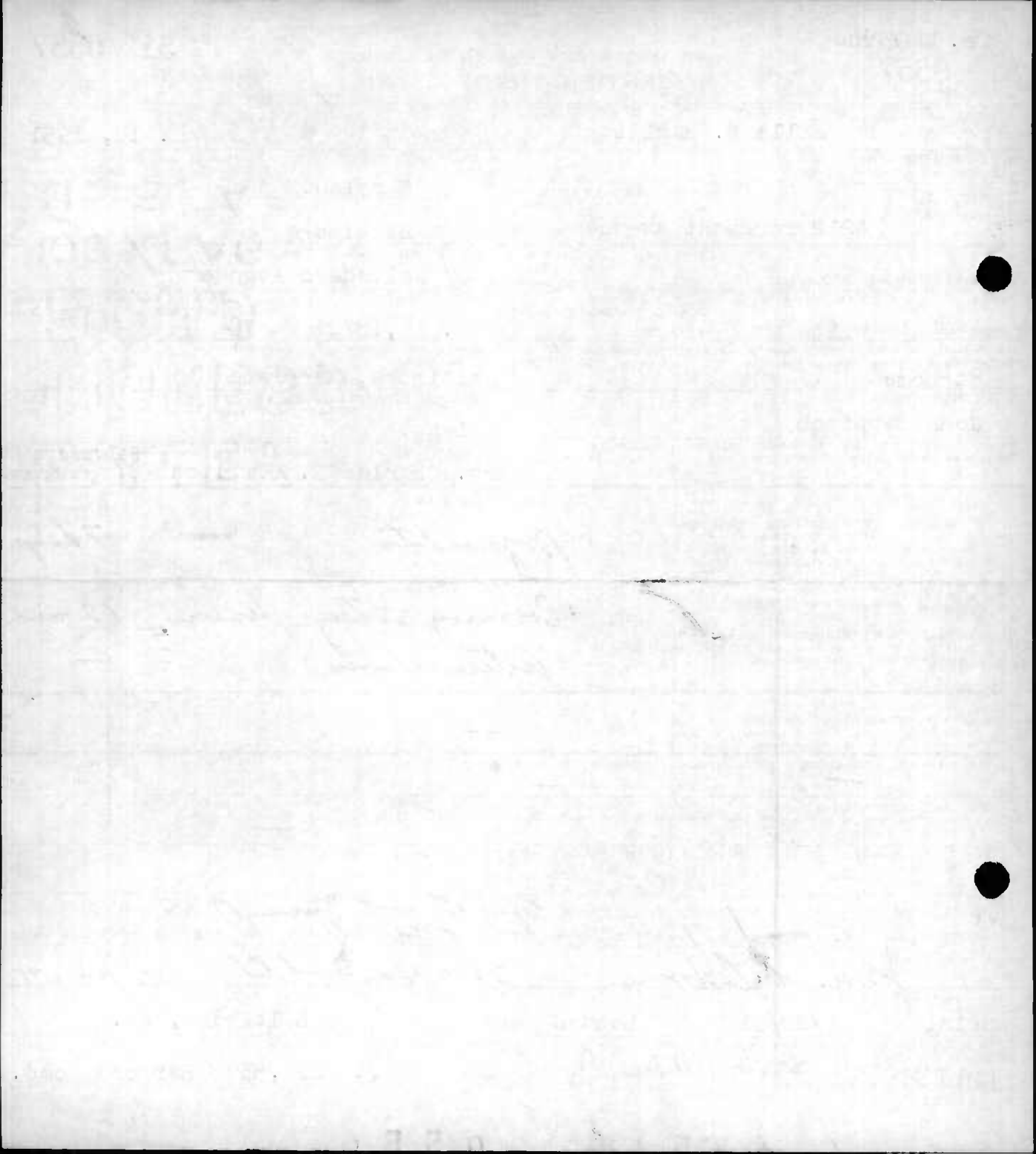
Dr. 50463  
51 0557

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0557

Registered No.

1. NAME OF DECEASED (Type or Print) Ella M. Hamilton		2. DATE OF DEATH Jan. 18, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 4212 Parkmont Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-15	
D. STREET ADDRESS (If rural, give location) 1907 Belvedere Avenue		5. SEX female	
6. COLOR OR RACE white		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	
8. DATE OF BIRTH Feb. 16, 1872		9. AGE (In years last birthday) 78	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME John Deppisch		14. MOTHER'S MAIDEN NAME Helen ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Charles R. Hamilton		18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocarditis (A) DUE TO INTERVAL BETWEEN ONSET AND DEATH 7 days ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Coronary artery disease 12 months (B) DUE TO Arteriosclerosis (C) — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. —	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from April 15, 1949, to January 17, 1951, that I last saw the deceased alive on 17 Jan., 1951, and that death occurred at 8:40 A.M., from the causes and on the date stated above.	
23A. SIGNATURE John B. Williams, M.D.		23B. ADDRESS 5600 Harford Rd.	
23C. DATE SIGNED 19 Jan. 1951		24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24B. DATE 1/22/51		24C. NAME OF CEMETERY OR CREMATORY Loudon Park	
24D. LOCATION (City, town, or county) Baltimore, Md.		25. FUNERAL DIRECTOR Leonard J. Ruck, 5305 Harford Road.	
DATE RECEIVED BY LOCAL REGISTRAR JAN 19 1951		REGISTRAR'S SIGNATURE [Signature]	





**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No.

51 0558

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

CLARK, Stewart JAMES

2. DATE  
OF  
DEATH

19<sup>th</sup> Jan 1957

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTE

CHURCH HOME & HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland B. COUNTY Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore 20 Essex. RURAL

D. STREET ADDRESS (If rural, give location)

Route 14 Box 726 5200

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

March 20 1906

9. AGE (In years last birthday)

44

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Attendant, OPERATOR

10B. KIND OF BUSINESS OR INDUSTRY

Attendant GAS

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF WHAT COUNTRY?

US

13. FATHER'S NAME

Mr James Clarke

14. MOTHER'S MAIDEN NAME

CATHERINE TREHARNE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no

16. SOCIAL SECURITY NO.

208-01-6011

17. INFORMANT

Max Catherine J. Kelley - Pulaski Highway

ADDRESS

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) RUPTURE OF THE MYOCARDIUM

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

2 1/2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.

(B) MYOCARDIAL INFARCTION

DUE TO

14 days

(C) CORONARY ARTERIOSCLEROSIS

years

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 6<sup>th</sup>, 1957, to January 19<sup>th</sup>, 1957, that I last saw the deceased alive on January 18, 1957, and that death occurred at 5:00 A.M., from the causes and on the date stated above.

23A. SIGNATURE

H. Reed Carroll

M. D.

23B. ADDRESS

CHURCH HOME HOSPITAL

23C. DATE SIGNED

January 19<sup>th</sup> 1957

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Jan/22/57

24C. NAME OF CEMETERY OR CREMATORY

Pittsburgh, Penna

24D. LOCATION (City, town, or county)

Pittsburgh, Penna.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

JAN 19 1957

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

Stewart & Mowen Co. 108 W. North An.

ADDRESS

UNITED STATES DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of informant		11. Signature of witness		12. Signature of funeral director	
13. Signature of undertaker		14. Signature of cemetery		15. Signature of burial place		16. Signature of interment	
17. Signature of burial place		18. Signature of interment		19. Signature of burial place		20. Signature of interment	
21. Signature of burial place		22. Signature of interment		23. Signature of burial place		24. Signature of interment	
25. Signature of burial place		26. Signature of interment		27. Signature of burial place		28. Signature of interment	
29. Signature of burial place		30. Signature of interment		31. Signature of burial place		32. Signature of interment	
33. Signature of burial place		34. Signature of interment		35. Signature of burial place		36. Signature of interment	
37. Signature of burial place		38. Signature of interment		39. Signature of burial place		40. Signature of interment	
41. Signature of burial place		42. Signature of interment		43. Signature of burial place		44. Signature of interment	
45. Signature of burial place		46. Signature of interment		47. Signature of burial place		48. Signature of interment	
49. Signature of burial place		50. Signature of interment		51. Signature of burial place		52. Signature of interment	
53. Signature of burial place		54. Signature of interment		55. Signature of burial place		56. Signature of interment	
57. Signature of burial place		58. Signature of interment		59. Signature of burial place		60. Signature of interment	
61. Signature of burial place		62. Signature of interment		63. Signature of burial place		64. Signature of interment	
65. Signature of burial place		66. Signature of interment		67. Signature of burial place		68. Signature of interment	
69. Signature of burial place		70. Signature of interment		71. Signature of burial place		72. Signature of interment	
73. Signature of burial place		74. Signature of interment		75. Signature of burial place		76. Signature of interment	
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85. Signature of burial place		86. Signature of interment		87. Signature of burial place		88. Signature of interment	
89. Signature of burial place		90. Signature of interment		91. Signature of burial place		92. Signature of interment	
93. Signature of burial place		94. Signature of interment		95. Signature of burial place		96. Signature of interment	
97. Signature of burial place		98. Signature of interment		99. Signature of burial place		100. Signature of interment	

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

51 0559  
Registered No.

1. NAME OF DECEASED (Type or Print) <b>JIM</b>		2. DATE OF DEATH <b>January 18, 1951</b>	
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Baltimore City Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
D. Length of stay in Baltimore <b>abt 30</b> Yrs. Mos. Days		E. STREET ADDRESS (If rural, give location) <b>Baltimore City Hospital-Eastern Ave.</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Chinaman</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>abt 1881</b>
		9. AGE (In years last birthday) <b>abt 70</b>	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laundryman</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Laundry</b>	
11. BIRTHPLACE (State or foreign country) <b>China</b>		12. CITIZEN OF WHAT COUNTRY? <b>?</b>	
13. FATHER'S NAME <b>Not Known</b>		14. MOTHER'S MAIDEN NAME <b>Not Known</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT ADDRESS <b>Mr. Charlie Gee - 2228 E. Monument St</b>	

MEDICAL CERTIFICATION

18. <b>E929.0</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Asphyxia due to drowning</b>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Broncho-pneumonia</b>		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Hospital</b>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>4940 Eastern Ave. Baltimore City Hospital 2/12</b>		
21D. TIME (Month) (Day) (Year) (Hour) of INJURY <b>Jan. 18, 1951 1:30<sup>+</sup> m.</b>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? <b>Collapsed and fell in bathtub of</b>		
22. I certify that I took charge of the remains described above, held an <b>Autopsy</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .				
23A. SIGNATURE <b>RS Fisher</b> M.D.		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		
		23C. DATE SIGNED <b>Jan. 19, 1951</b>		

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>Jan-22-51</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Lorraine Cemetery</b>	24D. LOCATION (City, town, or county) (State) <b>Woodlawn, Maryland</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 19 1951</b>	REGISTRAR'S SIGNATURE <b>Stewart &amp; Mowen Co.</b>	25. FUNERAL DIRECTOR ADDRESS <b>108 W. North Ave. City #1.183</b>	



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. 51 0550

**T-460**  
BIRTH NO. 0550

1. NAME OF DECEASED (Type or Print) <u>ROBERT TAYLOR</u>		2. DATE OF DEATH <u>Jan. 16, 1951</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Balto. City</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>4-02</u>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>University Hospital</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>	
D. STREET ADDRESS (If rural, give location) <u>738 W. Redwood Street</u>			
5. LENGTH OF stay in Baltimore <u>15 Yrs.</u> Yrs. <u>15</u> Mos. <u>0</u> Days <u>0</u>		8. DATE OF BIRTH <u>March 5, 1916</u>	
6. COLOR OR RACE <u>colored</u>		9. AGE (In years last birthday) <u>34</u>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Seperated</u>		10. UNDER 1 Year Months <u>0</u> Days <u>0</u> 11. UNDER 24 Hours Hours <u>0</u> Min. <u>0</u>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Handy Man</u>		11. BIRTHPLACE (State or foreign country) <u>Durham N.C.</u>	
10B. KIND OF BUSINESS OR INDUSTRY <u>Lunch Room</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Unknown</u>		14. MOTHER'S MAIDEN NAME <u>Meta Taylor</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>Etta Taylor 589 Oxford Street</u>	
17. INFORMANT <u>Etta Taylor</u>		ADDRESS <u>589 Oxford Street</u>	

18. <u>541.0</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Ruptured duodenal ulcer</u> DUE TO <u>Generalized peritonitis</u> DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) <u>Generalized peritonitis</u> DUE TO (B) <u>Generalized peritonitis</u> DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <u>William H. Boyd</u>		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR.....		23C. DATE SIGNED <u>Jan. 16, 1951</u>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>1/20/1951</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Mt Calvary Cem.</u>		24D. LOCATION (City, town, or county) (State) <u>Brooklyn Md.</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>JAN 19 1951</u>		REGISTRAR'S SIGNATURE <u>William H. Boyd</u>		25. FUNERAL DIRECTOR <u>Felipe O. Wilson</u>		ADDRESS <u>1000 Beauty Hwy</u>	

MEDICAL CERTIFICATION

UNITED STATES DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

NAME OF DECEASED

DATE OF DEATH  
PLACE OF DEATH  
CAUSE OF DEATH

SEX  
AGE  
MARRIAGE

EDUCATION  
OCCUPATION

RELIGION  
MANNER OF DEATH

DATE OF BIRTH  
PLACE OF BIRTH

DATE OF MARRIAGE  
PLACE OF MARRIAGE

DATE OF DEATH  
PLACE OF DEATH

MED. EXAM. CASE

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 0561

BIRTH NO. 48-88972

1. NAME OF DECEASED (Type or Print) **Jeguetta IRELAND**

2. DATE OF DEATH **JAN 17, 1951**

3. PLACE OF DEATH:  
A. Baltimore City, Maryland **HAL R.R.**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE **MARYLAND**  
B. COUNTY **5-01**

5. FULL NAME OF HOSPITAL OR INSTITUTION **THE JOHNS HOPKINS HOSPITAL**

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
**BALTIMORE**

7. STREET ADDRESS (If rural, give location)  
**1241 St. Matthews St.**

8. Length of stay in Baltimore **Life**

9. SEX **FEMALE**

10. COLOR OR RACE **COLORED**

11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **SINGLE**

12. DATE OF BIRTH **1948 3<sup>rd</sup> Aug. 21/2**

13. AGE (In years last birthday) **21/2**

14. If Under 1 Year Months: Days: Hours: Min.

15. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **None**

16. KIND OF BUSINESS OR INDUSTRY **None**

17. BIRTHPLACE (State or foreign country) **Baltimore City**

18. CITIZEN OF WHAT COUNTRY? **U.S.A.**

19. FATHER'S NAME **ALBERT WATKINS**

20. MOTHER'S MAIDEN NAME **GRACE Ireland**

21. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) **No**

22. SOCIAL SECURITY NO. **None**

23. INFORMANT **THE JOHNS HOPKINS HOSPITAL**

24. ADDRESS

18. **E916.0 1**  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)  
**FLAME BURNS 70%-30 7 hours**

19. ANTECEDENT CAUSES  
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  
**CERTIFICATION APPROVED BY C. J. LUBINSKI**  
**per: [Signature] M.D.**  
**CHIEF OR ASST. MEDICAL EXAMINER.**

20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION **2/1**

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☒

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) **HOME**

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) **1241 ST MATTHEWS ST. 5/1**

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY **4:30pm 1-16-51**

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR? (Clothes afire) **Pt playing with Matches**

22. I hereby certify that I attended the deceased from **1-16-1951**, to **1-16-1951**, that I last saw the deceased alive on **1-16-1951**, and that death occurred at **11:23 pm**, from the causes and on the date stated above.

23A. SIGNATURE **Joseph A. Courcy M.D.**

23B. ADDRESS **THE JOHNS HOPKINS HOSPITAL**

23C. DATE SIGNED **1-17-51**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24B. DATE **1/20/1951**

24C. NAME OF CEMETERY OR CREMATORY **Mt Calvary Cem.**

24D. LOCATION (City, town, or county) (State) **Baltimore Maryland**

25. DATE RECEIVED BY LOCAL REGISTRAR **JAN 19 1951**

25. REGISTRAR'S SIGNATURE **Thos. J. Williams, Jr.**

25. FUNERAL DIRECTOR **Thos. J. Williams, Jr.**

25. ADDRESS **1000 Brantly ave**

N-949.2

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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No.

51 0562

1. NAME OF DECEASED (Type or Print) <b>Edna TYLER</b>		2. DATE OF DEATH <b>JAN 19, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>HLH-4W</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>JOHNS HOPKINS HOSPITAL</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>PRINCE FREDERICK, CALVERT CO.</b>	
6. LENGTH OF STAY IN BALTIMORE		D. STREET ADDRESS (If rural, give location) <b>X</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>COLORED</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b>	8. DATE OF BIRTH <b>7-26-49</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (in years last birthday) <b>1</b>	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Maryland</b>	
13. FATHER'S NAME <b>Daniel Tyler</b>		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		14. MOTHER'S MAIDEN NAME <b>Laura Coorse</b>	
16. SOCIAL SECURITY NO.		17. INFORMANT <b>JOHNS HOPKINS HOSPITAL</b> ADDRESS	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Myocardial Insufficiency</b>		INTERVAL BETWEEN ONSET AND DEATH  <b>(over)</b>
DUE TO <b>Myocarditis of unknown origin</b>		
DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>12-26-1950</b> , to <b>1-19-1951</b> , that I last saw the deceased alive on <b>1-19-1951</b> , and that death occurred at <b>4:30</b> Am., from the causes and on the date stated above.					
23A. SIGNATURE <b>Henry M. Smith</b>		23B. ADDRESS <b>JOHNS HOPKINS HOSPITAL</b>		23C. DATE SIGNED	

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>1-20-51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Youngs Chapel</b>		24D. LOCATION (City, town, or county) (State) <b>Calvert Co. Md.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 19 1951</b>		REGISTRAR'S SIGNATURE <b>Wm. H. Williams, M.D.</b>		25. FUNERAL DIRECTOR <b>Perkney E. Semell</b>		ADDRESS <b>Pr. Fredrick</b>	

See Document File 51 0562  
2/28/51  
ES

-635

51 0563

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0563

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Laura Freida Mertien</i>		2. DATE OF DEATH <i>Jan. 18, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Virginia</i> B. COUNTY <i>V-43</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>Hospital for the Women of Md.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Arlington</i>	
C. Length of stay in Baltimore <i>49</i> Days		D. STREET ADDRESS (If rural, give location) <i>734 S. 23rd STREET</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>11/21/06</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY —	9. AGE (In years: last birthday) <i>44</i>
13. FATHER'S NAME <i>Herman Janssen</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>7</i>	
17. INFORMANT <i>Laura Freida Mertien - Arlington, VA.</i>		ADDRESS	

18. <i>171X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <i>Pylonephrosis, Bilateral</i> DUE TO <i>implantation ureter, bilateral</i> (B) <i>insignoid Because of Extension</i> DUE TO <i>Adenocarcinoma of Cervix</i> <i>stump into Bladder + vagina</i> (C) <i>Terminal uremia &amp; uremic pericardial effusion</i>	INTERVAL BETWEEN ONSET AND DEATH <i>&gt; 49 days</i>
--	--	---

19A. DATE OF OPERATION <i>2-6-50</i>	19B. MAJOR FINDINGS OF OPERATION <i>extension Adenocarcinoma Cervix stump to Bladder + vagina</i>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *12-1*, 19*50*, to *1-18*, 19*51*, that I last saw the deceased alive on *1-18*, 19*51*, and that death occurred at *11:55 P.m.*, from the causes and on the date stated above.

23A. SIGNATURE  
*Quelby Stokes*

23B. ADDRESS  
*Box 1 For the Women of Md*

23C. DATE SIGNED  
*1-19-51*

24A. BURIAL, CREMATION, REMOVAL (Specify)  
*Burial*

24B. DATE  
*Jan 22*

24C. NAME OF CEMETERY OR CREMATORY  
*Nat. Memorial Park*

24D. LOCATION (City, town, or county) (State)  
*Falls Church, Va*

25. FUNERAL DIRECTOR  
*W. W. Chambers Co*

ADDRESS  
*Wash. D.C.*

DATE RECEIVED BY LOCAL REGISTRAR  
*191951*

REGISTRAR'S SIGNATURE  
*W. W. Chambers*

VS 150

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UNITED STATES DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION

RECEIVED  
JAN 10 1964  
FBI - NEW YORK

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

0564

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

*ELLA BROOKS*

2. DATE  
OF  
DEATH

*JANUARY 19, 1951*

3. PLACE OF DEATH:

A. Baltimore City, Maryland ✓

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

*South Bal to. Gen. Hospital*

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

*Maryland*

*Anne Arundel*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

*Glen Burnie*

D. STREET ADDRESS (If rural, give location)

*1712 Manning Road*

*5200*

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years  
last birthday)

If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.

*Female*

*White*

*Widowed*

*2/23/1876*

*74*

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

*Home*

*At Home*

*Alabama*

*USA*

13. FATHER'S NAME

*Hugh Dyer Benjamin L. Dyer*

14. MOTHER'S MAIDEN NAME

*Elizabeth R. Richards*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Glen Burnie Md.

*No*

*None*

*Lt. Bois*

*1712 Manning Rd.*

18. *330X*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) *Acute subarachnoid hemorrhage*  
DUE TO

INTERVAL BETWEEN  
ONSET AND DEATH

*13 days*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) \_\_\_\_\_  
DUE TO  
(C) \_\_\_\_\_

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Jan. 6*, 1951 to *Jan. 19*, 1951 that I last saw the deceased alive on *Jan. 17*, 1951 and that death occurred at *12:25* m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

*Martin C. Macapagal, M.D.*

*1213 Light St. Balto.*

*1-19-51*

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

*Removal*

*1/20/51*

*Evergreen Cem.*

*Opelika, Ala.*

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

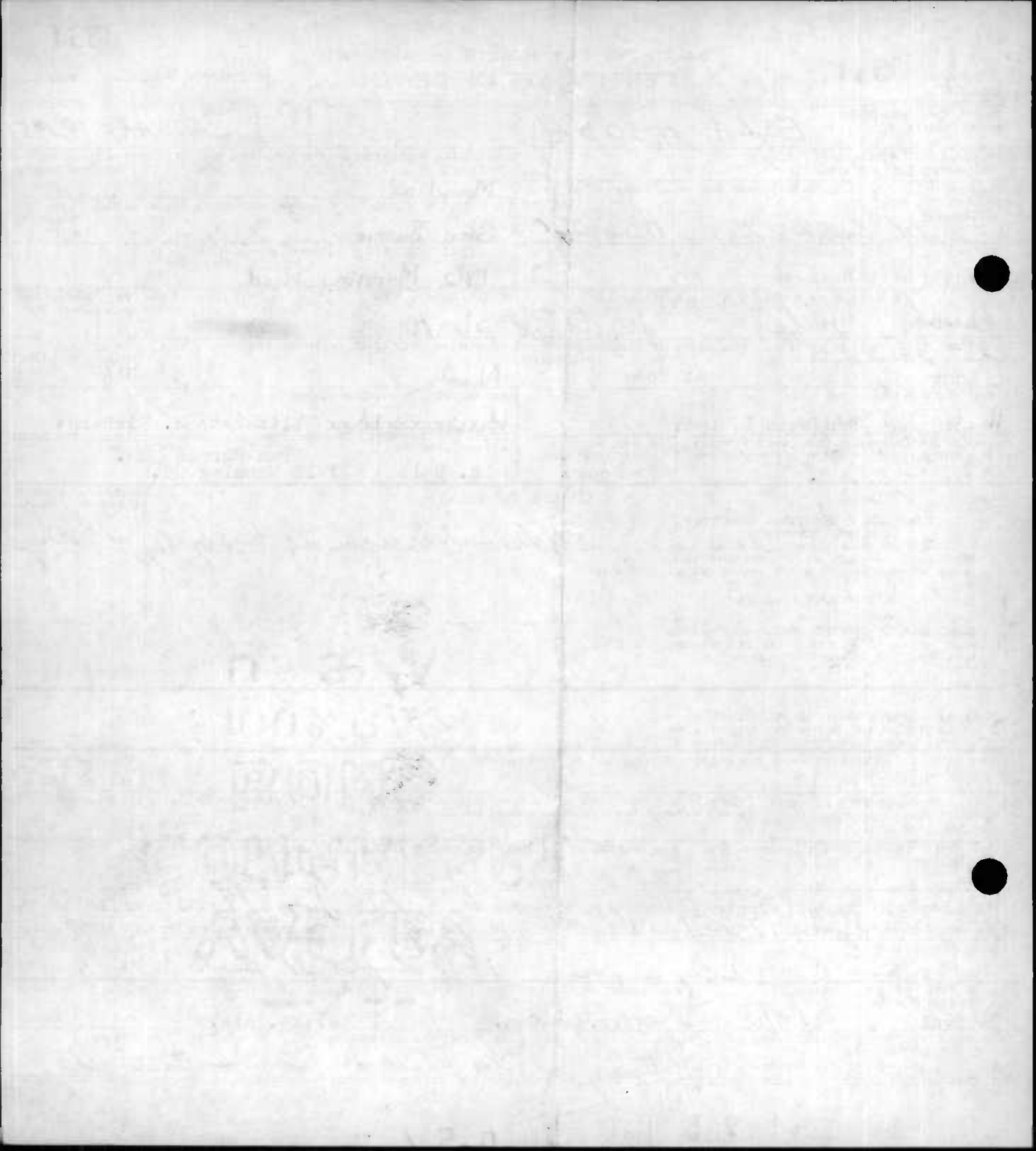
25. FUNERAL DIRECTOR

ADDRESS

*JAN 19 1951*

*Wilmington Williams, M.D.*

*Wm. J. Tichenor & Sons Inc Balto Md*





652  
51 0565BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

51 0565

1. NAME OF DECEASED (Type or Print) Salvatore		2. DATE OF DEATH January 17, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
Length of stay in Baltimore 44 Yrs. Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 202 N. Chapel St.	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH April 10 1889
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Peanut Vendor		9. AGE (In years last birthday) 61	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Montello Italy	
13. FATHER'S NAME Carmine Granese		12. CITIZEN OF WHAT COUNTRY? U.S.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Yes 1st W.W. 1918		14. MOTHER'S MAIDEN NAME Carolina Di Genova	
16. SOCIAL SECURITY NO.		17. INFORMANT Charles Granese	
		ADDRESS 314 Albemarle St.	

MEDICAL CERTIFICATION

18. E 976X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) Gunshot wound of head DUE TO (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 202 N. Chapel St.	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Jan. 17, 1951 11:30 P.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Firearms	
22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input checked="" type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William J. [Signature]		23B. CHIEF MEDICAL EXAMINER..... M.D. [Signature]		23C. DATE SIGNED January 18, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Jan. 20 1951		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery	
DATE RECEIVED BY LOCAL REGISTRAR JAN 20 1951		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR [Signature] ADDRESS 322 S. High St.	

VS 151

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438 640 0564

164 C ✓

CERTIFICATE OF DEATH

4

NAME OF DEATH

DATE OF DEATH  
PLACE OF DEATH  
CAUSE OF DEATH  
MANNER OF DEATH  
AGE AT DEATH  
SEX  
RACE  
RELIGION  
EDUCATION  
OCCUPATION  
MARRIAGE  
SINGLE  
MARRIED  
WIDOWED  
DIVORCED  
REMARKS

SIGNATURE OF REGISTRAR  
OFFICE OF THE REGISTRAR

DATE OF REGISTRATION

NAME OF REGISTRAR

DATE OF REGISTRATION

NAME OF REGISTRAR

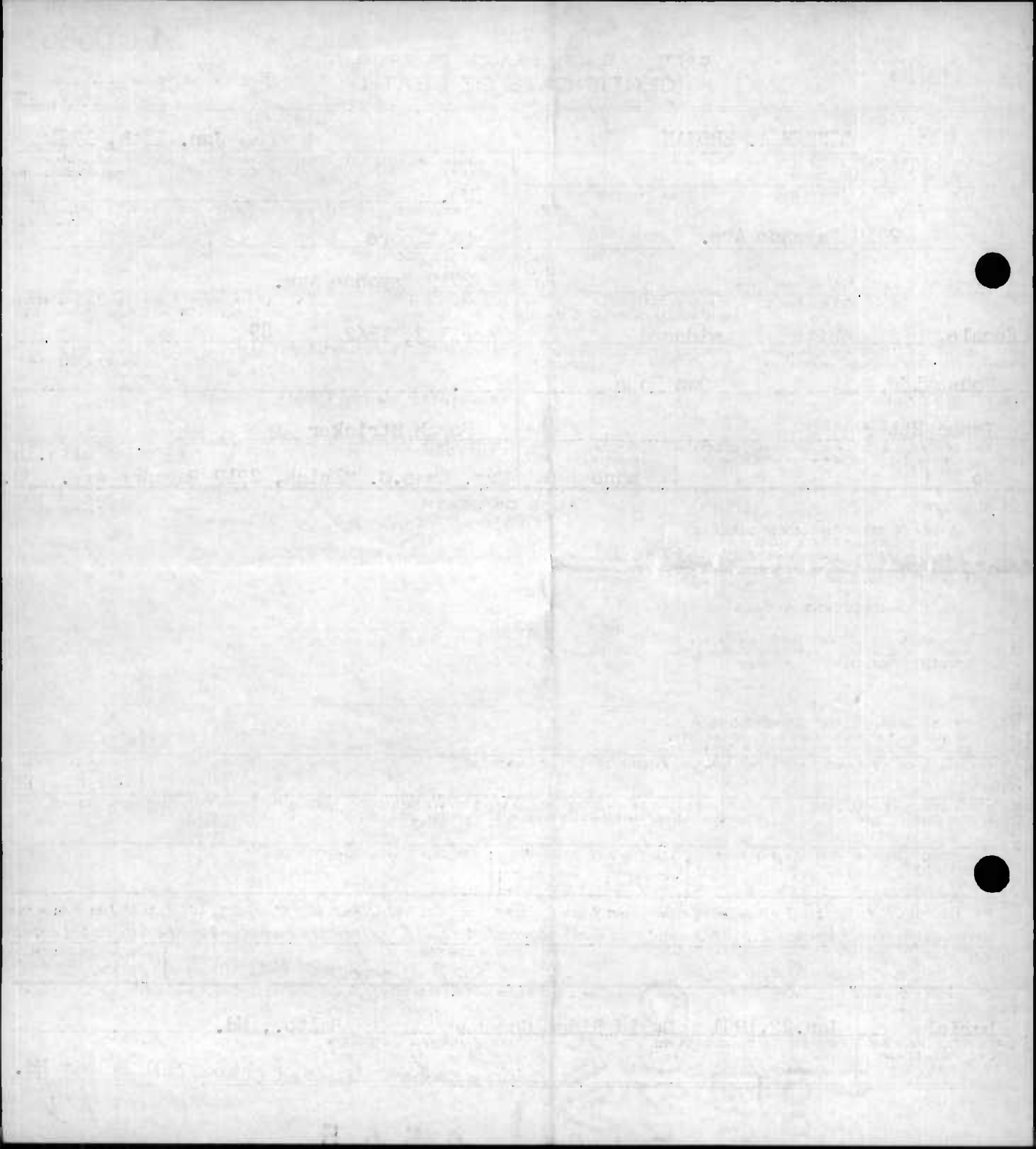
635  
51 0566

51 0566

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <u>LIZZIE A. ERDMAN</u>		2. DATE OF DEATH <u>Jan. 18th, 1951</u>	
3. PLACE OF DEATH: A. <u>Baltimore City, Maryland</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Md.</u> B. COUNTY <u>Baltimore</u>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>2919 Bayonne Ave.</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>			
C. Length of stay in Baltimore Yrs. <u>0</u> Mos. <u>0</u> Days <u>0</u>		D. STREET ADDRESS (If rural, give location) <u>2919 Bayonne Ave.</u>			
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>April 3, 1862</u>	9. AGE (In years, last birthday) <u>88</u>	If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (State or foreign country) <u>Pa.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>Isaac Etter</u>		14. MOTHER'S MAIDEN NAME <u>Sarah Stricker</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Mrs. Chas. G. Ulrich, 2919 Bayonne Ave. Md.</u>	
18. <u>420.0</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>amniotic embolism</u> (A) <u>Diagnosis</u> DUE TO		CAUSE OF DEATH <u>amniotic embolism</u> <u>Diagnosis</u> (B) <u>Diagnosis</u> DUE TO		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) <u>Diagnosis</u>		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Jan 15</u> , 19 <u>51</u> , to <u>Jan. 18</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Jan 18</u> , 19 <u>51</u> , and that death occurred at <u>8:30 p.m.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>George Sawyer</u>		23B. ADDRESS <u>4808 Harford Rd.</u>		23C. DATE SIGNED <u>1/20/51</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24B. DATE <u>Jan. 22, 1951</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Druid Ridge Cemetery</u>	
24D. LOCATION (City, town, or county) (State) <u>Balto., Md.</u>		24E. FUNERAL DIRECTOR <u>Losehn Funeral Home</u>		24F. ADDRESS <u>7401 Belair Rd.</u>	



BIRTH NO.

1. NAME OF DECEASED  
(Type or Print) Jessie Maxwell Black

2. DATE OF DEATH Jan. 19, 1951

3. PLACE OF DEATH:  
A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)  
A. STATE MASSACHUSETTS B. COUNTY SUFFOLK

C. CITY OR TOWN Ind (If outside corporate limits, write RURAL and give township) 13-15 27-15

733 Colorado Ave

Salunmore 41-13

Length of stay in Baltimore 32

D. STREET ADDRESS (If Rural, give location)  
733 Colorado Ave

5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
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8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year Months: Days	If Under 24 Hours Hours: Min.
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J	W.	Married
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Mar. 27/882	68			
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10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *Housewife*

11. BIRTHPLACE (State or foreign country)  
*Scotland*

12. CITIZEN OF  
7 WHAT COUNTRY?  
*U.S.A.*

13. FATHER'S NAME  
Thomas Maxwell

14. MOTHER'S MAIDEN NAME  
Margaret Fyshop

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.
NO	✓	✓

17 INFORMANT	ADDRESS
Cap't Geo C Black	Same

18. 443X I  
DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH  
Hypertensive Atherosclerosis  
C.V. Dissect  
with Anemia

INTERVAL BETWEEN  
ONSET AND DEATH

3200

## ANTECEDENT CAUSES

**DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.**

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION
------------------------	----------------------------------

20. AUTOPSY?  
YES ☐ • NO ☒

21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., io or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21b. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Oct 18, 1950, to Jan 19, 1951, that I last saw the deceased alive on Jan 19, 1951, and that death occurred at 11:50 a.m., from the causes and on the date stated above.

23A. SIGNATURE <i>Lee R. Gyerle</i>	23B. ADDRESS <i>3033 24th St. N.E.</i>	23C. DATE SIGNED <i>Jan 30 1950</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Jan 22 1951</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Woodlawn</i>	24D. LOCATION (City, town or county) (State) <i>Woodlawn Md.</i>
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DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JAN 20 1951	<i>Thomas A. Williams, M.D.</i>	<i>Henry W. Jenkins, Sons Co</i>	<i>495 York Rd</i>

Mr Paul Byerly  
3033 N. Frank Ave



BIRTH NO.		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No.	
1. NAME OF DECEASED (Type or Print)		ERNEST C. FERRIS		2. DATE OF DEATH Jan. 18, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland		B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2117 Denison Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		D. STREET ADDRESS (If rural, give location) 4310 Maine Avenue	
5. LENGTH OF STAY IN BALTIMORE		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept. 11, 1877	
6. COLOR OR RACE M W		9. AGE (In years last birthday) 73		10. UNDER 1 Year Months: Days	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Runner		10B. KIND OF BUSINESS OR INDUSTRY Banking		11. BIRTHPLACE (State or foreign country) Baltimore	
13. FATHER'S NAME William H. Ferris, Sr.		14. MOTHER'S MAIDEN NAME Annie M. Bonn		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No None		16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Ann F. Mac Lellan-4310 Maine Avenue	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 177X		CAUSE OF DEATH (A) Primary carcinoma of Prostate Gland. (B) Arterio-sclerosis. (C) Heart Disease		INTERVAL BETWEEN ONSET AND DEATH 5 yrs. 3 yrs.	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Feb. 1947, to Jan. 18, 1951, that I last saw the deceased alive on Jan. 16, 1951, and that death occurred at 6 A. M., from the causes and on the date stated above.					
23A. SIGNATURE Earl L. Chambers		23B. ADDRESS 4108 Liberty Hts		23C. DATE SIGNED 1/19/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 1-20-51		24C. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery	
24D. LOCATION (City, town, or county) Woodlawn, Maryland		24E. DATE RECEIVED BY LOCAL REGISTRAR JAN 20 1951		24F. REGISTRAR'S SIGNATURE Wm J. Pickner	
24G. FUNERAL DIRECTOR Wm J. Pickner & Sons		24H. ADDRESS North La Aves		24I. BALTO, MD	



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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

51 0569

Registered No.

1. NAME OF DECEASED (Type or Print) <b>John H. MARTIN</b>		2. DATE OF DEATH <b>January 18, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph's Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <b>1629 Madison St.</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Colored</b>	7. SINGLE, MARRIED, WIDOWED/DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan. 6, 1920 31</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Attendant</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Gas Station</b>	11. BIRTHPLACE (State or foreign country) <b>Summerton S.C.</b>
13. FATHER'S NAME <b>Hampton Martin</b>		14. MOTHER'S MAIDEN NAME <b>Amanda Hilton</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>Yes</b>	(If yes, give war or dates of service) <b>W.W.II</b>	16. SOCIAL SECURITY NO.	17. INFORMANT <b>Anna Martin Madison Ex.</b>
18. <b>E916.6</b>		ADDRESS <b>1629</b>	

**CAUSE OF DEATH**

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A) **Third degree burns of face, neck and right arm**  
DUE TO

**ANTECEDENT CAUSES**

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)  
DUE TO  
(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Service Station</b>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>5105 York Rd. 27/10</b>
21D. TIME (Month) (Day) (Year) (Hour) <b>Dec. 28, 1950 10:40</b>	21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? <b>clothing afire Oil Stove exploded setting</b>

I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <b>P. Fisher</b>	23B. CHIEF MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....	23C. DATE SIGNED <b>Jan. 18, 1951</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Shipped</b>	24B. DATE <b>1-20-1951</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Summerton S.C.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 20 1951</b>	REGISTRAR'S SIGNATURE <b>Wm. Williams, M.D.</b>	25. FUNERAL DIRECTOR <b>Mrs. Katie R. Williams Schreyer</b>
24D. LOCATION (City, town, or county) <b>Summerton S.C.</b>		ADDRESS <b>322</b>

BRUSH-CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

DECEASED'S NAME

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

PLACE OF BURIAL

NAME OF FUNERAL HOME

NAME OF MINISTER

NAME OF CLERGYMAN

NAME OF CHURCH

NAME OF CEMETERY

NAME OF INTERVIEWER

NAME OF WITNESS

NAME OF SIGNER

530  
0570

BONADIO  
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 0570

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <b>BONADIO MR. FREDERICKO</b>		2. DATE OF DEATH <b>11-19-51</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Baltimore</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph Hosp.</b>		D. STREET ADDRESS (If rural, give location) <b>227. Linwood Ave.</b>		6-01	
Length of stay in Baltimore <b>41</b> Yrs. Mos. Days		8. DATE OF BIRTH <b>3/26/77</b>		9. AGE (in years last birthday) <b>23</b> yo.	
5. SEX <b>m</b>	6. COLOR OR RACE <b>w</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>m</b>	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Contractor</b>		
10B. KIND OF BUSINESS OR INDUSTRY <b>Cement</b>		11. BIRTHPLACE (State or foreign country) <b>Italy</b>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>Micheal Bonadio</b>		14. MOTHER'S MAIDEN NAME <b>?</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>no</b>	
16. SOCIAL SECURITY NO.		17. INFORMANT <b>Mrs. Vincenza Bonadio</b>		ADDRESS <b>22 N. Linwood Ave.</b>	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Cardio-vascular diseases</b>		INTERVAL BETWEEN ONSET AND DEATH
DUE TO		
18. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Chronic Myocarditis</b>		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>Obesity</b>		

19A. DATE OF OPERATION <b>11/18/51</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>1/11</b> , 1951, to <b>1/19</b> , 1951, that I last saw the deceased alive on <b>1/18</b> , 1951, and that death occurred at <b>5:30 A.M.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Dr. Benjamin R. Vega</b>		23B. ADDRESS <b>1400 Caroline St.</b>		23C. DATE SIGNED <b>11-19-51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>1-22-1951</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Holy Redeemer</b>	24D. LOCATION (City, town, or county) <b>Baltimore</b>	24E. STATE <b>Md.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 20 1951</b>	REGISTRAR'S SIGNATURE <b>William Williams</b>	25. FUNERAL DIRECTOR <b>John A. Moran</b> ADDRESS <b>3000 E. Baltimore St.</b>			

Federico

520  
0571

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 0571

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Louis McKim Kines

2. DATE  
OF  
DEATH

1/19/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland 3927 Stokes Drive

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE  
Maryland

B. COUNTY

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

3927 Stokes Drive

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3927 Stokes Drive

Length of stay in Baltimore

82

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

July 27, 1878

9. AGE (In years  
last birthday)

72

10 Under 1 Year  
Months Days

11 Under 24 Hours  
Hours Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Lawyer (Retired)

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

John William Kines

14. MOTHER'S MAIDEN NAME

Sarah Elizabeth Durst

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Rev. L. B. Kines, S.J. 720 N. Calvert St.

18. 450.0

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

2 yrs.

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Auricular fibrillation & arterio-  
sclerotic disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)  
DUE TO  
(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb./49, 19, to 1/19/51, 19, that I last saw the deceased alive on 1/18/51, 19, and that death occurred at 10 P. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

1/22/51

New Cathedral

Baltimore, Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

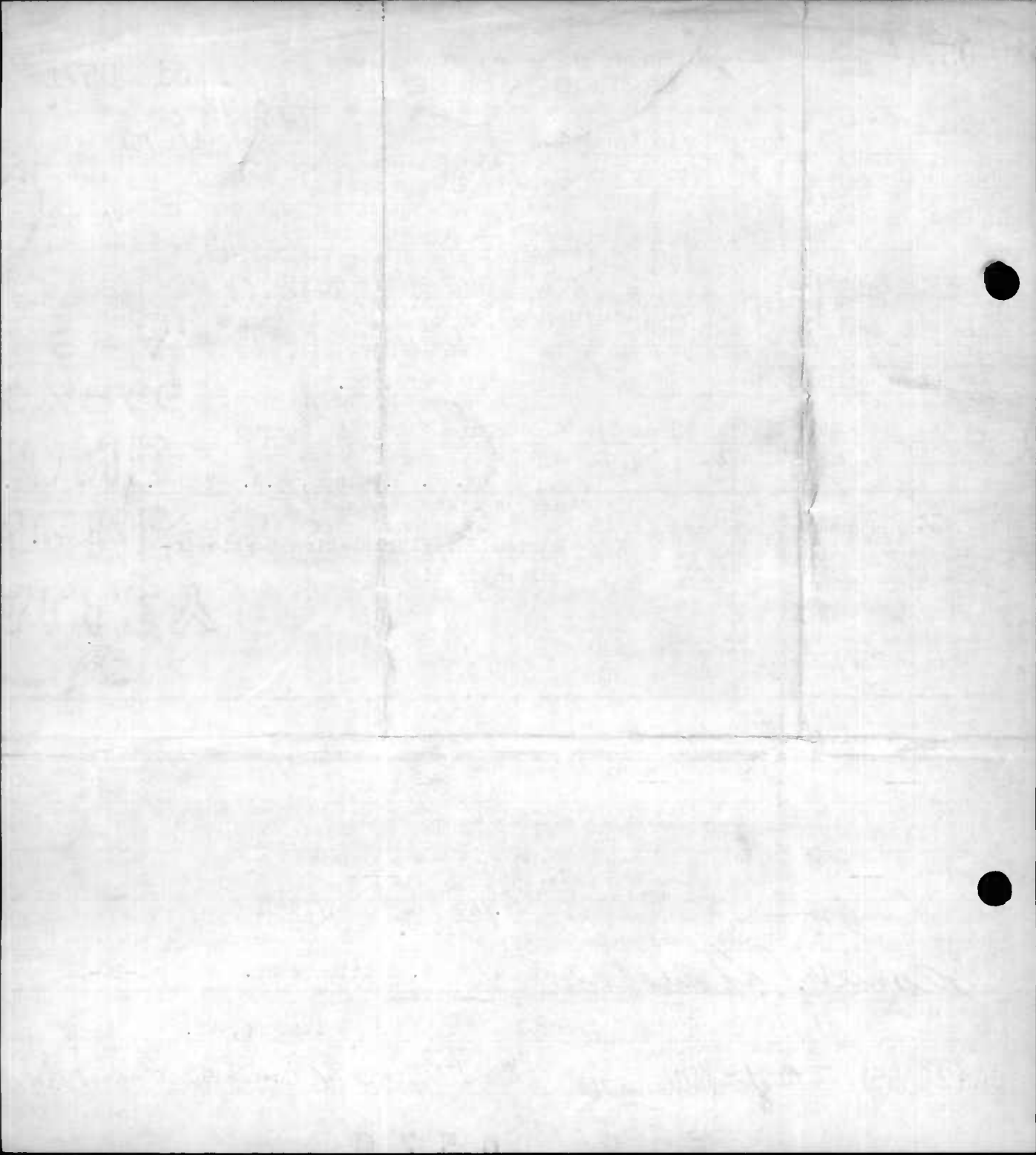
25. FUNERAL DIRECTOR

ADDRESS

JAN 20 1951

Wm. H. Williams, Jr.

W. W. Meats, Jr. 505 N. Calvert St.





450

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 0572

BIRTH NO. 0572 REA- 129847

1. NAME OF DECEASED  
(Type or Print)M.  
James Gallion2. DATE  
OF  
DEATH

Jan. 18, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTIONBaltimore City Hospitals  
4940 Eastern Avenue4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, with RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2764 Kinsey Avenue

Length of stay in Baltimore

48 yrs.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Sept. 12, 1900

9. AGE (In years last birthday)

50

10. Under 1 Year Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Joseph Gallion

14. MOTHER'S MAIDEN NAME

Jennie Sales

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS  
Records: B. C. H. 4940 Eastern Avenue

18. 002X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary Tuberculosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

Over 1 Yr.

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-22 1949 to 1-18, 1951, that I last saw the deceased alive on 1-18, 1951, and that death occurred at 2:10 P.M., from the causes and on the date stated above.

23A. SIGNATURE

P. L. Rogers

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

1-19-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

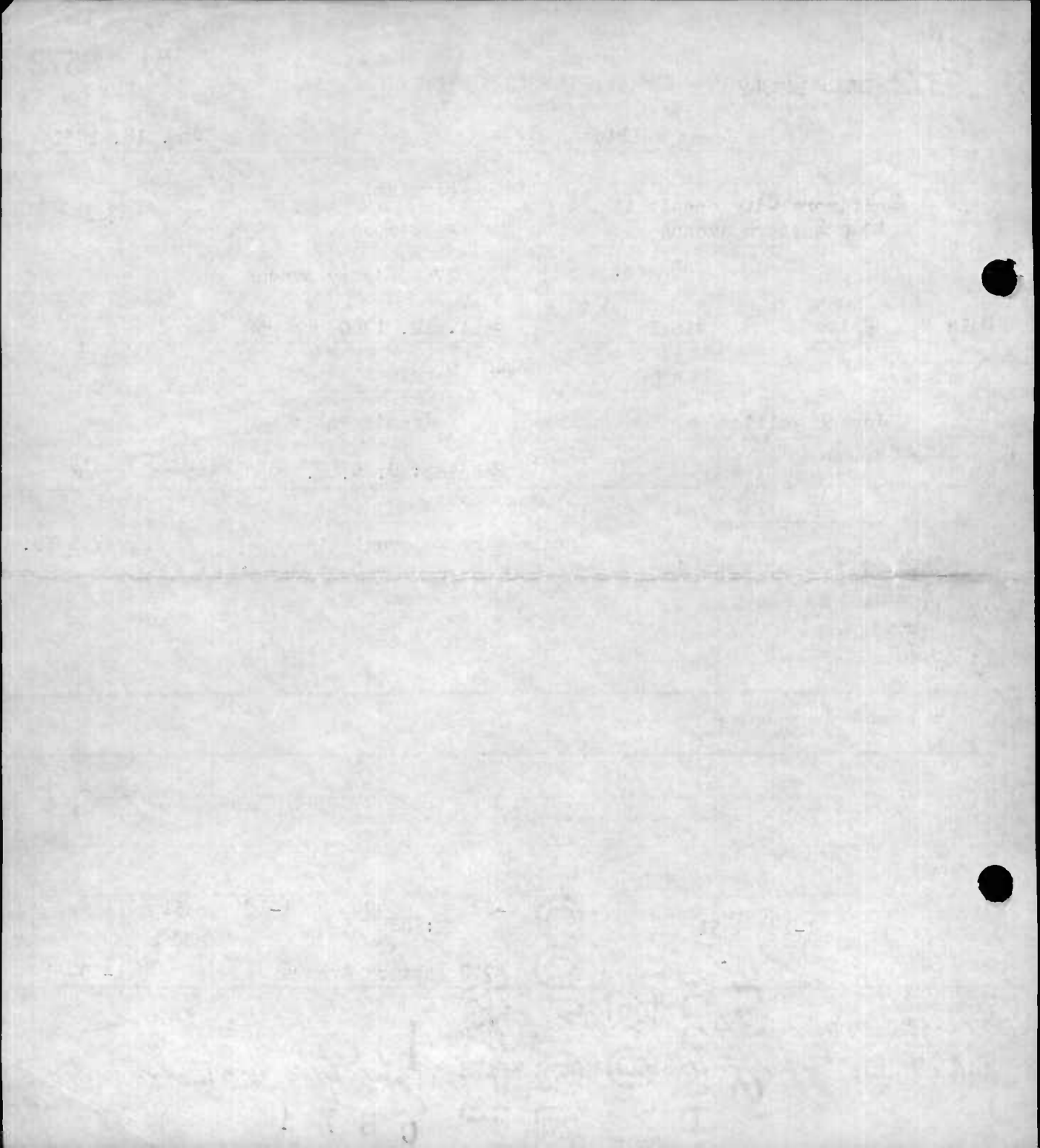
25. FUNERAL DIRECTOR

ADDRESS

JAN 20 1951

T. H. Williams, M.D.

Harry H. Witte, 4101 Edmondson



410  
51 0573BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 0573

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Katherine Kobb

2. DATE  
OF  
DEATH

Jan. 18, 1951

3. PLACE OF DEATH

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Little Sisters of the Poor

Yrs.  
Mos.  
Days

C. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1200 Valley St

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

April 23, 1873

9. AGE (in years,  
last birthday)

77

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Leonard Kobb

14. MOTHER'S MAIDEN NAME

Anna Fiechter

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18. 260X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

Chronic Myocarditis

1 yr.

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

Arterio Sclerosis

5 yrs

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(C) DUE TO

Diabetes Mellitus

10 yrs

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 4, 1951, to Jan 18, 1951, that I last saw the deceased alive on Jan 18, 1951, and that death occurred at 8:45 P.m., from the causes and on the date stated above.

23A. SIGNATURE

E. Gill Hale MD

M. D.

23B. ADDRESS

1631 E North Ave

23C. DATE SIGNED

Jan 19-1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

Jan 22 1951

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county) (State)

Baltimore

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

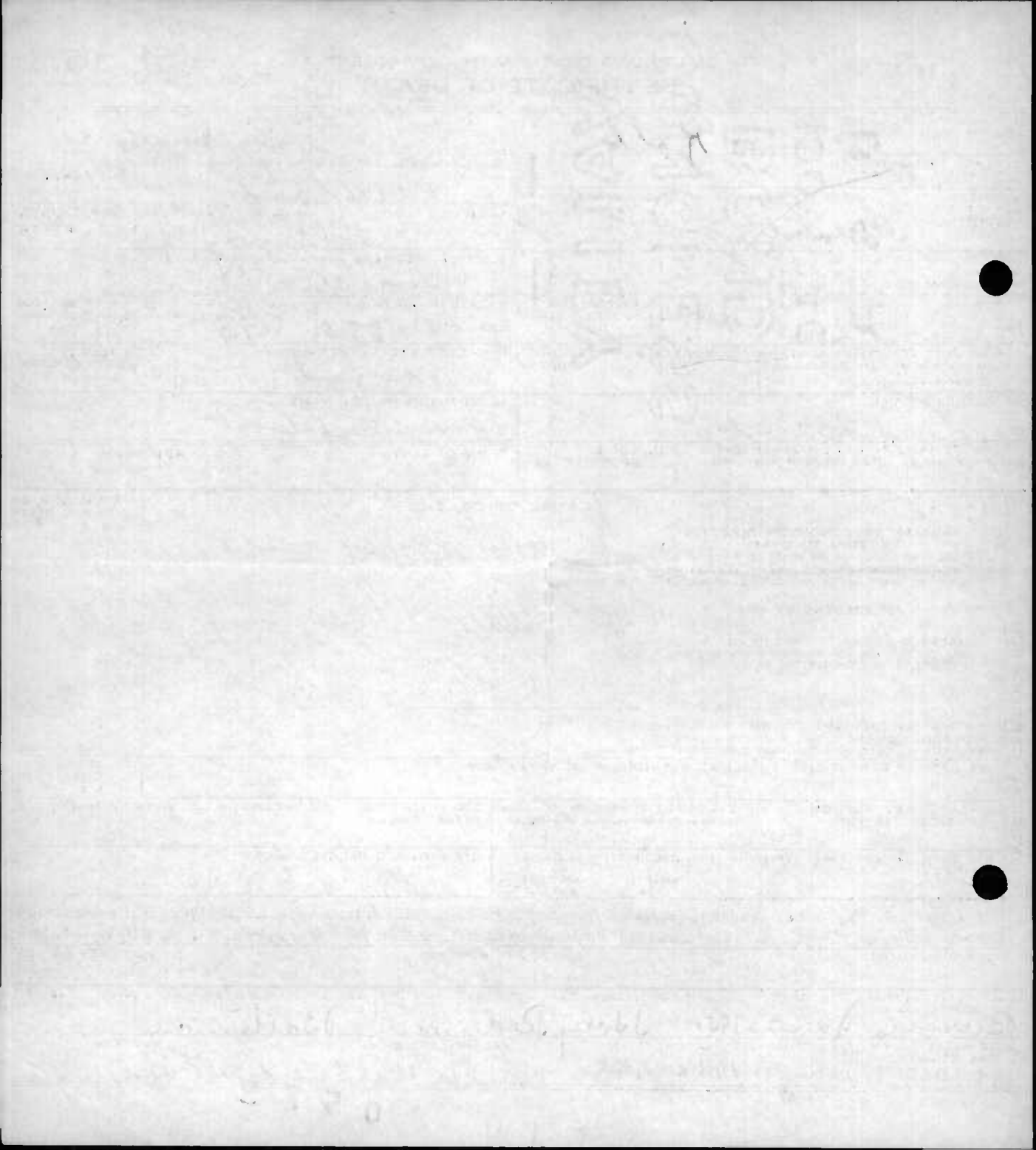
Huntington Williams, MD

25. FUNERAL DIRECTOR

ADDRESS

Paula Wiedefeld 900 E. Reddle St

JAN 20 1951



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

51 0574

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ROBERT

LANDON

2. DATE  
OF DEATH January 19, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTE University Hospital4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE Maryland B. COUNTY Prince GeorgesC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Laurel RuralD. STREET ADDRESS (If rural, give location)  
6600

Length of stay in Baltimore 15 Weeks

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Mar 10 1942 Jan 19 1950

9. AGE (In years last birthday) 8 yrs

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Student

10B. KIND OF BUSINESS OR INDUSTRY

School

11. BIRTHPLACE (State or foreign country)

Laurel Md

12. CITIZEN OF WHAT COUNTRY?

US

13. FATHER'S NAME

John Landon

14. MOTHER'S MAIDEN NAME

Sarah E Gorman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

John Landon Laurel Md

18. E812.4

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Compound fracture of skull with subdural empyema

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

Street

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Laurel Ft. Meade Rd, Prince Georges Co.

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

Sept. 30, 1950 6:15 P.m.

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Pedestrian struck by auto

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. Fisher

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ M.D.

23C. DATE SIGNED

January 19, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Jan 21-1951

24C. NAME OF CEMETERY OR CREMATORY

Ivy Hill

24D. LOCATION (City, town, or county)

Laurel Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

JAN 20 1951

REGISTRAR'S SIGNATURE

W. H. Williams, M.D.

25. FUNERAL DIRECTOR

H. C. Donaldson

ADDRESS

VS 151

N-803.2 9510000575

170c





**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. 51 0575

BIRTH NO. 520

1. NAME OF DECEASED (Type or Print) <u>ROSANNA N. PENNOCK</u>				2. DATE OF DEATH <u>JAN 19, 1951</u>			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>MARYLAND</u> B. COUNTY <u>BALTIMORE</u>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>UNION MEMORIAL HOSPITAL</u>				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>BALTIMORE 15-06</u>			
D. LENGTH OF stay in Baltimore <u>?</u> Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) <u>3712 WINTERBOURNE RD.</u>			
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>JAN. 13, 1863</u>		9. AGE (In years last birthday) <u>87</u>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>				10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>NEW JERSEY</u>	
13. FATHER'S NAME <u>CHARLES B. NEWELL</u>				14. MOTHER'S MAIDEN NAME <u>CAROLINE STORNER</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>NO</u>				16. SOCIAL SECURITY NO.		17. INFORMANT (SON) <u>FRANK E. PENNOCK JR.</u> ADDRESS <u>(SAME)</u>	

18. <u>420.0</u> and <u>170x</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) <u>Congestive Heart Failure</u>		(A) <u>Congestive Heart Failure</u>		<u>hours</u>	
DUE TO					
(B) <u>Arteriosclerotic Heart Disease</u>		(B) <u>Arteriosclerotic Heart Disease</u>		<u>years</u>	
DUE TO					
(C) <u>Generalized arteriosclerosis</u>		(C) <u>Generalized arteriosclerosis</u>			
DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		<u>Carcinoma of left Breast - widespread metastases</u>		<u>months</u>	

19A. DATE OF OPERATION <u>JAN - 19, 1951</u>		19B. MAJOR FINDINGS OF OPERATION <u>CARCINOMA, LEFT BREAST</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from JAN. 18, 1951, to JAN. 19, 1951, that I last saw the deceased alive on JAN. 19, 1951, and that death occurred at 11:45 PM., from the causes and on the date stated above.

23A. SIGNATURE <u>N. F. Cox 3rd</u>		23B. ADDRESS <u>Union Memorial Hospital</u>		23C. DATE SIGNED <u>1/20/51</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>Jan 22 1951</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Woodlawn</u>	
24D. LOCATION (City, town, or county) (State) <u>Balti Co Md</u>		25. FUNERAL DIRECTOR <u>William Williams, Jr</u>		ADDRESS <u>WE 22247 Charles</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>JAN 20 1951</u>		REGISTRAR'S SIGNATURE <u>William Williams, Jr</u>		VS 150	

MEDICAL CERTIFICATION



11. A

VALLEY

11. A

11. A

11. A

11. A

11. A

11. A

11. A

M-620  
51 0576BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

51 0576

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>CHARLES MEYERS (MYERS)</b>			2. DATE OF DEATH <b>1-19-51</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>University Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 20-04</b>		
D. STREET ADDRESS (If rural, give location) <b>305 S. Franklinton Rd - 23</b>			Yrs. Mos. Days		
5. SEX <b>M</b>			6. COLOR OR RACE <b>W</b>		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>			8. DATE OF BIRTH <b>1880</b>		
9. AGE (in years last birthday) <b>70</b>			10. Under 1 Year Months: Days		
11. Under 24 Hours Hours: Min.			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>BARBER</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>BARBER</b>		
13. FATHER'S NAME <b>Ernest MYERS</b>			14. MOTHER'S MAIDEN NAME <b>Doris Myers</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No</b>			16. SOCIAL SECURITY NO. <b>NONE</b>		
17. INFORMANT <b>MARGARET L. MYERS</b>			ADDRESS <b>305 S. FRANKLINTOWN</b>		

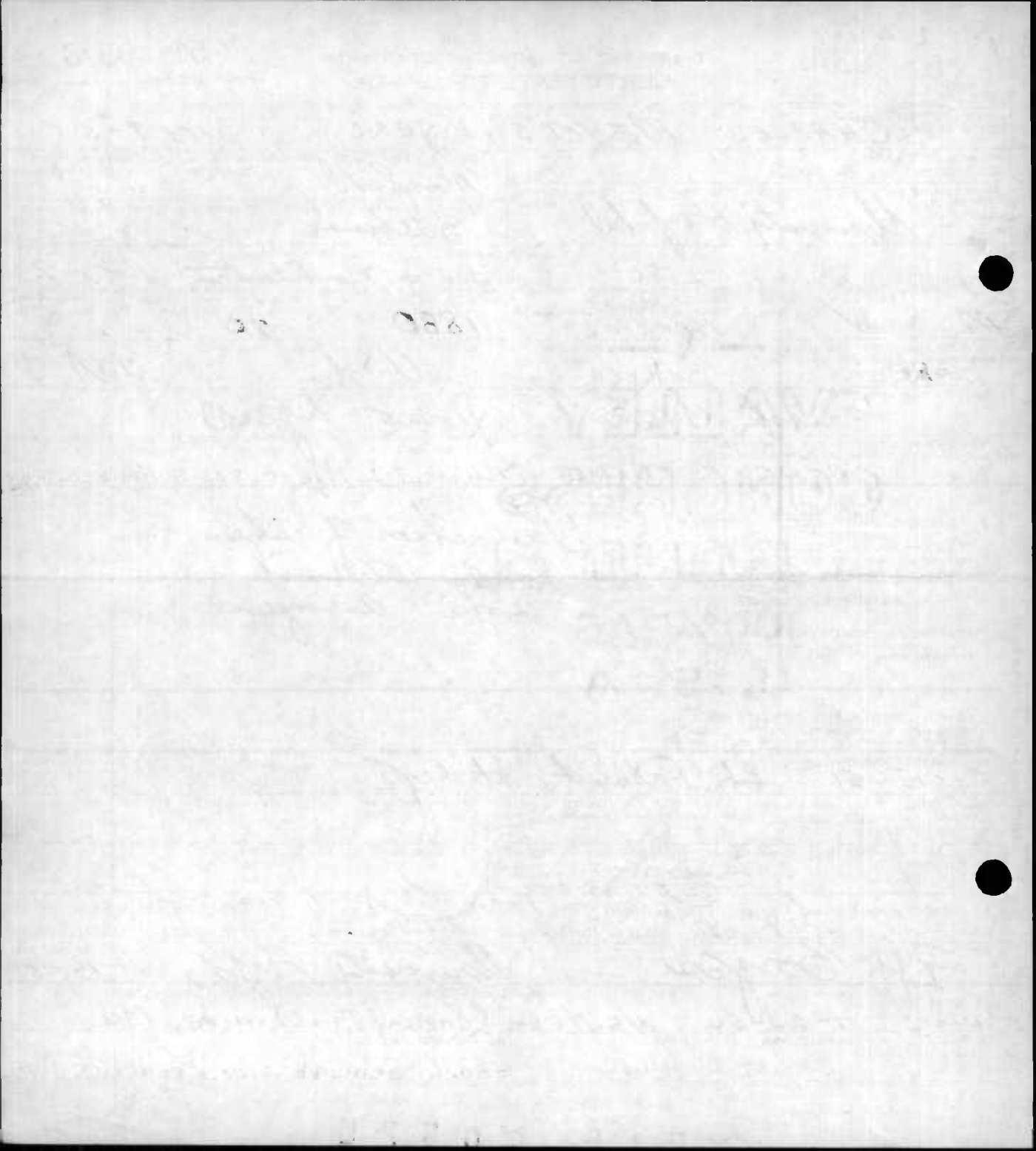
18. <b>451 X 1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Perforation of Aorta - Sclerotic atherosclerosis</b>		CAUSE OF DEATH <b>Perforation of Aorta - Sclerotic atherosclerosis</b>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>(A) DUE TO</b>		(B) DUE TO		(C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION <b>1-15-51</b>		19B. MAJOR FINDINGS OF OPERATION <b>Ext. Cataract, Rt. eye</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>1-6</b> , 19 <b>51</b> , to <b>1-19</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>1-19</b> , 19 <b>51</b> , and that death occurred at <b>2:25 P.M.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>J. J. Borges</b>		23B. ADDRESS <b>University Hosp.</b>		23C. DATE SIGNED <b>1-19-51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>1-22-51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>WESTERN CEMETERY</b>	
24D. LOCATION (City, town, or county) <b>Baltimore, Md.</b>		24E. STATE (State)		25. FUNERAL DIRECTOR <b>Geo. L. Schwab</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 21 1951</b>		REGISTRAR'S SIGNATURE <b>Wilmington Williams, M.D.</b>		ADDRESS <b>2101 Frederick Ave.</b>	

VS 150

740FF

96



P-200

51 0577

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 05777  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

KURT PESE

2. DATE  
OF  
DEATH

1-20-51

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

2234 Eutaw Place

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 13-03

D. STREET ADDRESS (If rural, give location)

2234 Eutaw Place

Length of stay in Baltimore

10 Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9. AGE (In years last birthday)

51

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Salesman

10B. KIND OF BUSINESS OR INDUSTRY

Jewelry

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Adolph

14. MOTHER'S MAIDEN NAME

Wally

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Alice Pese - Home

18. 420.1

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary thrombosis

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Coronary neuritis

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATH

3 days

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/13/1947 to 1/19/1951 that I last saw the deceased alive on 1/19/1951 and that death occurred at 12:00 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Dr. Weidinger

23B. ADDRESS

912 Brooks Lane

23C. DATE SIGNED

1/20/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

1-21-51

24C. NAME OF CEMETERY OR CREMATORY

Rosedale

24D. LOCATION (City, town, or county) (State)

Baltimore Md

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

Eck Lewis Co 2100 Eutaw Pl

Newberger  
912 Brooks Lane

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W-241

CERTIFICATE CORRECTED 2-2-51

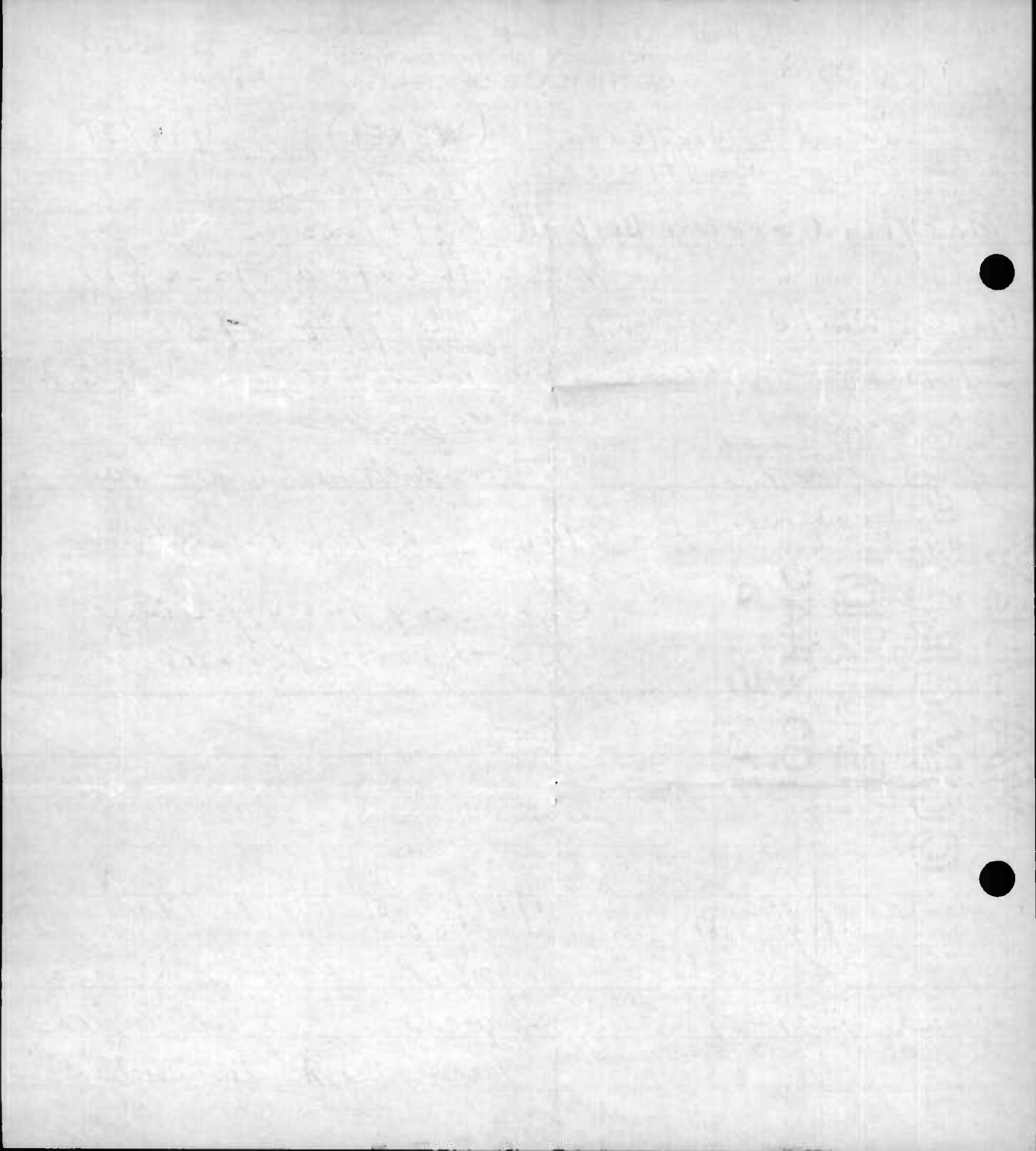
51 0578

BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No.

BIRTH NO. <i>W-240</i>		1. NAME OF DECEASED (Type or Print) <i>Samuel E. Wexelbaum</i>		2. DATE OF DEATH <i>1/19/51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY			
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Maryland General Hospital</i>		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>			
7. Length of stay in Baltimore <i>11</i> Yrs. <i>Mos.</i> <i>Days</i>		8. STREET ADDRESS (If rural, give location) <i>1316 Eutaw Place #17</i>			
9. SEX <i>Male</i>	10. COLOR OR RACE <i>White</i>	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	12. DATE OF BIRTH <i>July 27, 1894</i>	13. AGE (in years last birthday) <i>57</i>	14. Under 1 Year Months Days
15. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Salesman</i>		16. KIND OF BUSINESS OR INDUSTRY <i>Shoe</i>		17. BIRTHPLACE (State or foreign country) <i>New York</i>	
18. FATHER'S NAME <i>Not known</i>		19. MOTHER'S MAIDEN NAME <i>Gertrude</i>		20. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
21. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>yes</i>		22. SOCIAL SECURITY NO. <i>war I</i>		23. INFORMANT ADDRESS <i>Dorothy Wexelbaum - same</i>	
24. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>490.1</i>		25. CAUSE OF DEATH <i>Myocardial infarction</i>		26. INTERVAL BETWEEN ONSET AND DEATH	
27. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Coronary insufficiency</i> <i>Arteriosclerosis</i>		28. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>—</i>			
29. DATE OF OPERATION <i>2</i>		30. MAJOR FINDINGS OF OPERATION		31. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
32. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		33. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		34. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
35. TIME (Month) (Day) (Year) (Hour) INJURY		36. INJURY OCCURRED		37. HOW DID INJURY OCCUR?	
38. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		39. I hereby certify that I attended the deceased from <i>1/19/51</i> , 19 <i>51</i> , to <i>1/19</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>1/19</i> , 19 <i>51</i> , and that death occurred at <i>6 p.m.</i> , from the causes and on the date stated above.			
40. SIGNATURE <i>Howe</i>		41. ADDRESS <i>Md. Gen. Hosp.</i>		42. DATE SIGNED <i>1-19-51</i>	
43. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		44. DATE <i>1-21-51</i>		45. NAME OF CEMETERY OR CREMATORY <i>B'nai Israel</i>	
46. LOCATION (City, town, or county) <i>Baltimore</i>		47. STATE <i>MD</i>			
48. DATE RECEIVED BY LOCAL REGISTRAR <i>21 1951</i>		49. REGISTRAR'S SIGNATURE <i>William M.</i>		50. FUNERAL DIRECTOR <i>Jack Lewis</i>	
51. ADDRESS <i>2100 Eutaw</i>					





E-350

51

0579

BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Ehudin

51

0579

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Louis Ehudin

2. DATE  
OF  
DEATH

Jan 20, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Lutheran Hosp

Length of stay in Baltimore

40

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

9. AGE (In years  
last birthday)10 Under 1 Year  
Months: Days  
11 Under 24 Hours  
Hours: Min.

65

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Cleaning &amp; Pressing

10B. KIND OF BUSINESS OR  
INDUSTRY

Clothing

11. BIRTHPLACE (State or foreign country)

Russey

12. CITIZEN OF  
WHAT COUNTRY?

U.S. 9

13. FATHER'S NAME

E. Ehudin

14. MOTHER'S MAIDEN NAME

Ethel

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

no

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Rose Ehudin - 2807 Hellsdale Ave

18. 163X I

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Carcinoma of Lung

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B)  
DUE TO

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-15, 1951, to 1-20, 1951, that I last saw the  
deceased alive on 1-20, 1951, and that death occurred at 6:55 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Jerome Gaber

M. D.

23B. ADDRESS

Lutheran Hosp.

23C. DATE SIGNED

1/20/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

1/21/1951

24C. NAME OF CEMETERY OR CREMATORY

Mt Carmel

24D. LOCATION (City, town, or county)

Balto.

(State)

Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William Williams

25. FUNERAL DIRECTOR

ADDRESS

Jack Lewis Inc - 2100 Eutaw Place

1951 690-460578

47D

CERTIFICATE OF DEATH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE AT DEATH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF MARRIAGE

NAME OF SPOUSE

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE AT DEATH

SEX

RACE

4-656  
51 0580

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0580  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ABRAHAM LERNER

2. DATE OF DEATH 1-20-51

3. PLACE OF DEATH:  
A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

3302 Oakfield Ave Baltimore 15-10

C. Length of stay in Baltimore

49 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE Md B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

3302 Oakfield Ave

5. SEX Male 6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH 9. AGE (In years last birthday) 72

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Russia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Mendel

14. MOTHER'S MAIDEN NAME Toba

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT Ida Lerner - ADDRESS Same

18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

(A) Coronary Thrombosis

1 hr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

none

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Jan 19, 1951, to Jan 20, 1951, that I last saw the deceased alive on Jan 20, 1951, and that death occurred at 12:20 p.m., from the causes and on the date stated above.

23A. SIGNATURE Dr. Harry Ashman

23B. ADDRESS 194 W North Ave

23C. DATE SIGNED Jan 20, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE 1-21-51

24C. NAME OF CEMETERY OR CREMATORY Rosedale

24D. LOCATION (City, town or county) (State) Balto Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

REK Lewis Co 2100 Eutaw R

JAN 21 1951

VS 150

5866 0579

94a

MEDICAL CERTIFICATION

1921 North



100

100

100

100

100

100

100



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

51. 0582  
Registered No. \_\_\_\_\_

BIRTH NO. 51. 0582

1. NAME OF DECEASED (Type or Print) <b>MARGARET LE CRON CONACHY</b>				2. DATE OF DEATH <b>Jan. 18, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>U.S. Marine Hospital</i>				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>US Marine Hospital</b> <b>Wyman Pk. Drive &amp; 31st St.</b>				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b> <i>12-01</i>	
D. STREET ADDRESS (If rural, give location) <b>3927 Cloverhill Road</b>					
5. SEX <b>F</b> 6. COLOR OR RACE <b>W</b> 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>				8. DATE OF BIRTH <b>11/17/99</b>	
9. AGE (In years last birthday) <b>51</b> 10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.					
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Clerk</b>				10B. KIND OF BUSINESS OR INDUSTRY <b>Civil Service</b>	
13. FATHER'S NAME <b>Henry Le Cron</b>				14. MOTHER'S MAIDEN NAME <b>Rose Martin</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or unknown) (If yes, give war or dates of service) <b>No</b>				16. SOCIAL SECURITY NO. <b>218-22-0355</b>	
17. INFORMANT ADDRESS <b>Records- US Marine Hospital, Balto, Md.</b>					

18. <i>153 X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Adenocarcinoma of descending colon (primary resected 3-2-50) with metastasis to: peritoneum, mesentery, abdominal lymphnodes, liver and lung</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Unknown</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>21</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Dec. 25, 1950</b> to <b>Jan. 18, 1951</b> , that I last saw the deceased alive on <b>Jan. 18, 1951</b> , and that death occurred at <b>6:35 A.M.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>John L. Wilson, Medical Director</b>		23B. ADDRESS <b>US Marine Hospital, Balto, Md.</b>		23C. DATE SIGNED <b>1/18/51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>Jan 22 1951</b>		24C. NAME OF CEMETERY OR CREMATORY <b>New Cathedral</b>	
24D. LOCATION (City, town, or county) (State) <b>Baltimore, Md.</b>		24E. DATE RECEIVED BY LOCAL REGISTRAR <b>Jan 21 1951</b>		24F. REGISTRAR'S SIGNATURE <i>[Signature]</i>	
25. FUNERAL DIRECTOR <i>[Signature]</i>		ADDRESS <i>[Address]</i>			

*5118*  
*46E*



1961, 10, 10

1961, 10, 10

1961, 10, 10

1961, 10, 10

1

1961, 10, 10

1961, 10, 10

1961, 10, 10

1961, 10, 10

1961, 10, 10

1961, 10, 10

1961, 10, 10

530

51 0583

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 0583

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

STEPHANIE SMITH

2. DATE  
OF  
DEATH

1-20-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

UNIVERSITY HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

MARYLAND

CAROLINE

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

DENTON

D. STREET ADDRESS (If rural, give location)

5500

Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

9. AGE (In years  
last birthday)

57

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

HOUSE WIFE

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

STEPHEN FORD

14. MOTHER'S MAIDEN NAME

ESTELLA POTTS

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT ADDRESS

HOSPITAL RECORDS

1B. 150X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A) CARCINOMA OF THE ESOPHAGUS

DUE TO METASTASES TO RIGHT

(B) BRONCHUS, HEART AND

DUE TO AORTA.

(C)

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

1-17-51

19B. MAJOR FINDINGS OF OPERATION

CARCINOMA - GENERALIZED METASTASES

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-3, 1951, to 1-20, 1951, that I last saw the  
deceased alive on 1-20, 1951, and that death occurred at 11:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

John Dr. Stoner

M. O.

23B. ADDRESS

Al new - Hosp.

23C. DATE SIGNED

1-21-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

Jan 24, 1951

24C. NAME OF CEMETERY OR CREMATORY

Denton

24D. LOCATION (City, town, or county) (State)

Denton, Caroline Ind

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William M. Williams

25. FUNERAL DIRECTOR

ADDRESS

Virgil Moore Son Denton

JAN 24 1951

1951 0000582

46a 2nd.

MEDICAL CERTIFICATION

WALLLEY

CHURCH

CONDY

100-4-AG

U. S. A.

510

51 0584

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0584  
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Eugene Knipp OR Imogene Knipp</i>		2. DATE OF DEATH <i>1-20-51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balto-Md</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE _____ B. COUNTY _____			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Agnes Hosp.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>			
D. STREET ADDRESS (If rural, give location) <i>6138 Macbeth Drive</i>		E. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>10-8-1919</i>	9. AGE (in years last birthday) <i>31</i>	10. Under 1 Year Months: _____ Days: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Olive Hill Ky.</i>	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME <i>ED. MADDOX</i>		14. MOTHER'S MAIDEN NAME <i>GERTRUDE WAGNER</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT ADDRESS <i>Mr. Chester Knipp 6138 Macbeth Drive</i>	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>401.1 and 649x</i>		CAUSE OF DEATH (A) <i>Rheumatic Cardio-vascular Disease, mitral stenosis;</i> DUE TO (B) <i>Acute Congestive Heart Failure</i> DUE TO (C) <i>&amp; Pregnancy (6 1/2 - 7 months)</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1-20-50</i> <i>1-20-50</i> <i>(over)</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>1-20</i> , 19 <i>50</i> , to <i>1-20</i> , 19 <i>51</i> that I last saw the deceased alive on <i>1-20</i> , 19 <i>50</i> and that death occurred at <i>940 Pm.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>St. Agnes Hosp.</i>		23B. ADDRESS <i>St. Agnes Hosp.</i>		23C. DATE SIGNED <i>1-20-51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24B. DATE <i>1/21/50</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Olive Hill Kentucky</i>	
24D. LOCATION (City, town, or county) (State) <i>Olive Hill Kentucky</i>		25. FUNERAL DIRECTOR <i>William J. Dickner &amp; Sons</i>		ADDRESS <i>Oriskany + Penna. Ave</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 21 1951</i>		REGISTRAR'S SIGNATURE <i>William J. Dickner</i>			

MEDICAL CERTIFICATION

5100005 Oriskany + Penna. Ave 9212

Do NOT copy for transcripts, etc (statistical only)

was the RH condition accompanied  
by active rheumatic fever at the time of death?

or infection, present - a rheumatic condition

are we correct in assuming (for coding purposes)  
that the pericardial condition may have contributed  
to the death, but was not related to the  
disease or condition causing it?

in part---See Document File 51-0584

Feb 5, 1951 E.S.

"Rheumatic heart condition accompanied by active mild rheumatic fever  
at time of death

"I do not think the pregnancy had anything to do with the death".

Stillbirth # 36864 - 1/20/51.

246

5585

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 0585  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>SUSENNE Fusskeller</b>		2. DATE OF DEATH <b>1/19/51</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MD</b> B. COUNTY <b>MD</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>1309 Bookie St</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE</b>	
C. Length of stay in Baltimore Yrs. <b>24</b> Mos. <b>-01</b> Days		D. STREET ADDRESS (If rural, give location) <b>1309 COOKSIE ST.</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>1862</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME <b>Klaudiois Fusskeller</b>		11. BIRTHPLACE (State or foreign country) <b>Hungary</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
16. SOCIAL SECURITY NO. <b>NONE</b>		14. MOTHER'S MAIDEN NAME <b>Susanne Busch</b>	
17. INFORMANT <b>ROSE FUSSKELLER</b>		ADDRESS <b>1309 COOKSIE ST.</b>	

18. <b>443X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Cerebral thrombosis</b> DUE TO		INTERVAL BETWEEN ONSET AND DEATH <b>1 week</b>
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Hypertensive cardio vascular disease.</b> DUE TO		<b>?</b>
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>—</b>		

19A. DATE OF OPERATION <b>none</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **3/17/1949**, to **1/19/1951** that I last saw the deceased alive on **Jan. 18, 1950**, and that death occurred at **6 P.m.**, from the causes and on the date stated above.

23A. SIGNATURE <b>Harry Deilee</b>		23B. ADDRESS <b>1226 Hanover St.</b>		23C. DATE SIGNED <b>Jan. 20, '51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>RURAL</b>		24B. DATE <b>1-22-51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>HOLY CROSS CEMETERY</b>	
24D. LOCATION (City, town, or county) (State) <b>MD</b>		25. FUNERAL DIRECTOR <b>Chas. F. Dull</b>		ADDRESS <b>1501 E. Fort Ave.</b>	

JAN 21 1951  
VS 150

19510000504

93D

MEDICAL CERTIFICATION



PERMANENT RESIDENCE

1504

1504

1504

1504

1504

1504

1504



563

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 0586  
Registered No.

BIRTH NO. 51 0586

1. NAME OF DECEASED  
(Type or Print)

WILLIAM HENRY REINHART

2. DATE  
OF  
DEATH

1/18/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland 4506 SORRENTO RD.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

Md.

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

COLONIAL NURSING HOME

C. CITY OR TOWN (If outside corporate limits, write FULLAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3919 Woodridge Avenue

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

8/22/1868

9. AGE (In years  
last birthday)

82

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Engineer

10B. KIND OF BUSINESS OR  
INDUSTRY

B &amp; O

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Henry

14. MOTHER'S MAIDEN NAME

Caroline Peters

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, an or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Family - Same

18.

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

Chronic Cardiac Decompensation

1 Mo.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) DUE TO  
(C)Pulmonary edema  
Cardiovascular Renal disease3 days  
7II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK22. I hereby certify that I attended the deceased from Jan. 10, 1951, to Jan 18, 1951, that I last saw the  
deceased alive on 1-18, 1951, and that death occurred at 10 A. m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

B

1/22/51

Western Cemetery

Baltimore

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 21 1951

J. L. Williams, M.D.

J. L. Williams

- 130 E. Fort Ave.

1951000586

131a

MEDICAL CERTIFICATION

WALLACE  
CORP

WORLD

WORLD

WORLD



362  
51 0587BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

51 0587  
95667

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

George Newton Hedrick

2. DATE  
OF  
DEATH

2:30 AM 1/21/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. FULL NAME OF (If not in hospital or institution, give street address or location)

U.S. Marine Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

West Virginia

B. COUNTY

before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Hurricane

D. STREET ADDRESS (If rural, give location)

None

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

S

Yrs.  
Mos.  
Days

8. DATE OF BIRTH

Aug. 7, 1886

9. AGE (in years  
last birthday)

64 63

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of worklog life, even if retired)

Oiler

10B. KIND OF BUSINESS OR  
INDUSTRY

seaman

11. BIRTHPLACE (State or foreign country)

W Va.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Stephen Hedrick

14. MOTHER'S MAIDEN NAME

Emma Jane Givson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

unk

16. SOCIAL  
SECURITY NO.  
none

17. INFORMANT

ADDRESS

18. 193X I

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH  
6 yearsDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Neurofibrosarcoma

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 25, 1950, to Jan. 21, 1951, that I last saw the deceased alive on Jan. 21, 1951, and that death occurred at 2:30 AM m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

U.S. Marine Hospital

23C. DATE SIGNED

1/21/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Removal

24B. DATE

1/21/51

24C. NAME OF CEMETERY OR CREMATORY

Jefferson

24D. LOCATION (City, town, or county)

Jefferson, Ohio

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 22 1951

J. J. Schultze

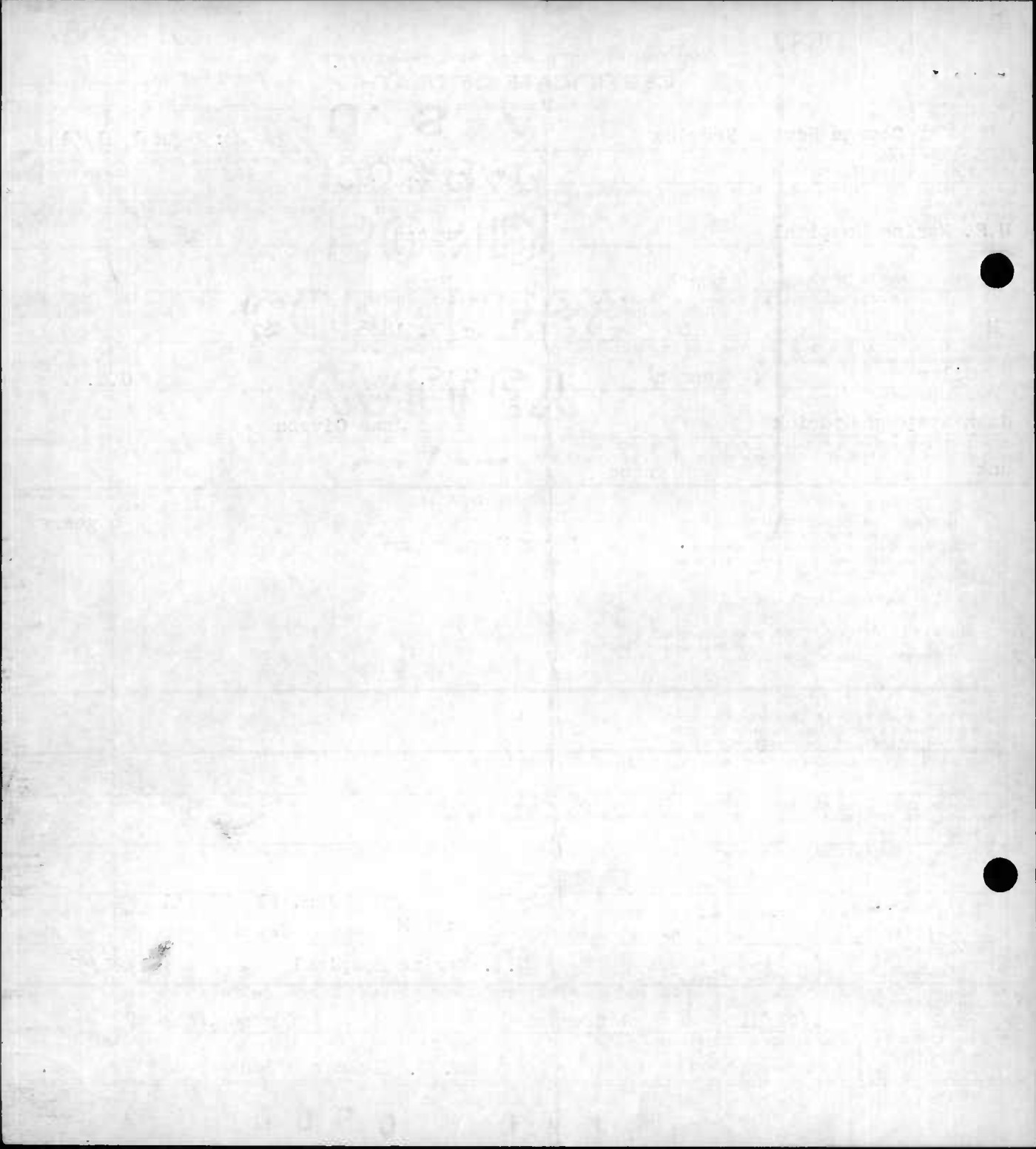
Wm. J. Tickner &amp; Sons

N &amp; Pa Aves.

VS 150

66-2550-000586

0546



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

Hilma S. Svedberg.

2. DATE  
OF  
DEATH

Jan 20, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

4914 Morello Road.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give  
township)

Baltimore

27-03

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

4914 Morello Road

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Sept 6, 1865

9. AGE (In years  
last birthday)

85

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Sweden

12. CITIZEN OF  
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Mildred Winter 3405 Keswick Rd.

18. 4201

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

Coronary Thrombosis

Sudden

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

Arteriosclerotic Cardiovascular Disease

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Auricular Fibrillation

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 22, 1950, to Jan. 20, 1951, that I last saw the  
deceased alive on Jan. 10, 1951, and that death occurred at 11 P. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

A. C. Harold

M. O.

4706 Harford Road

Jan. 21, 1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Shipment

Jan 22 / 51

Worcester, Mass

Worcester, Mass.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 22 1951

Walter J. Williams, Jr.

Austin E. Donovan - 3818 Roland Ave









1993, 1994, 1995, 1996, 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 26

THE UNIVERSITY OF CHICAGO

1990

51 0580

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

51 0580

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Roy Ash

2. DATE  
OF  
DEATH

JAN 21, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR UNION MEMORIAL Hosp

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE New Jersey

B. COUNTY Bergen

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Ridgewood

D. STREET ADDRESS (If rural, give location)

250 Hope Street

Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

B. DATE OF BIRTH

Feb. 23, 1888

9. AGE (In years  
last birthday)

62

If Under 1 Year Months: Days  
If Under 24 Hours Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Engineer

10B. KIND OF BUSINESS OR  
INDUSTRY

American Car &amp; Foundry

11. BIRTHPLACE (State or foreign country)

Still Water, Penna.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Pierce Ash

14. MOTHER'S MAIDEN NAME

Susan Werkheiser

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

492-09-7032

17. INFORMANT

Wife

ADDRESS

Mrs. Myrtle T. Ash Ridgewood, N. J.

1B.

4701

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

CORONARY ARTERY SCLEROSIS

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN  
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., io or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley H. Duncanson M.D.

23B. CHIEF MEDICAL EXAMINER..... ☐ASSISTANT MEDICAL EXAMINER..... ☐

23C. DATE SIGNED

Jan 21, 1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Removal

24B. DATE

Jan. 22, 1951

24C. NAME OF CEMETERY OR CREMATORY

DODSON CHAPEL

24D. LOCATION (City, town or county)

BENTON, PENNA.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

William Cook, Jr. 1217 St. Paul Street

VS 151

5F334

0580

94a

MEDICAL CERTIFICATION

DEPARTMENT OF HEALTH  
CITY OF BOSTON  
BUREAU OF VITAL RECORDS  
BOSTON, MASS.

NAME OF DECEASED

AGE

DATE OF DEATH

SEX

RACE

RELIGION

EDUCATION

OCCUPATION

RESIDENCE

DATE OF BIRTH

PLACE OF BIRTH

DATE OF MARRIAGE

PLACE OF MARRIAGE

DATE OF DEATH

PLACE OF DEATH

DATE OF BURIAL

PLACE OF BURIAL

DATE OF INTERMENT

PLACE OF INTERMENT

DATE OF CREMATION

PLACE OF CREMATION

DATE OF EXHUMATION

PLACE OF EXHUMATION

DATE OF REINTERMENT

PLACE OF REINTERMENT

514

51 0591

BenField  
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0591

Registered No.

BIRTH NO. 5091271. NAME OF DECEASED  
(Type or Print) Theresa Benfield2. DATE  
OF  
DEATH 1/19/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland ✓

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

South Baltimore General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore25-05

D. STREET ADDRESS (If rural, give location)

1208 Pilot Court

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)Single

8. DATE OF BIRTH

7/15/19499. AGE (in years  
last birthday)If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours Min.1810A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Gaithar Benfield

14. MOTHER'S MAIDEN NAME

Burlia Farwood ✓15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Gaithar Benfield 1208 Pilot Court18. 493X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Pneumonia, RT

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Anemia, Severe Nutritional

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

22. I hereby certify that I attended the deceased from 1/18/51, 19  , to 1/19/51, 19  , that I last saw the  
deceased alive on 1/19/51, 19  , and that death occurred at 2:03 A. m., from the causes and on the date stated above.

23A. SIGNATURE

D. C. D. Quirens

23B. ADDRESS

1213 Light Street

23C. DATE SIGNED

1/19/5124A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial1/22/51Cedar HillA. A. Co. Md.DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

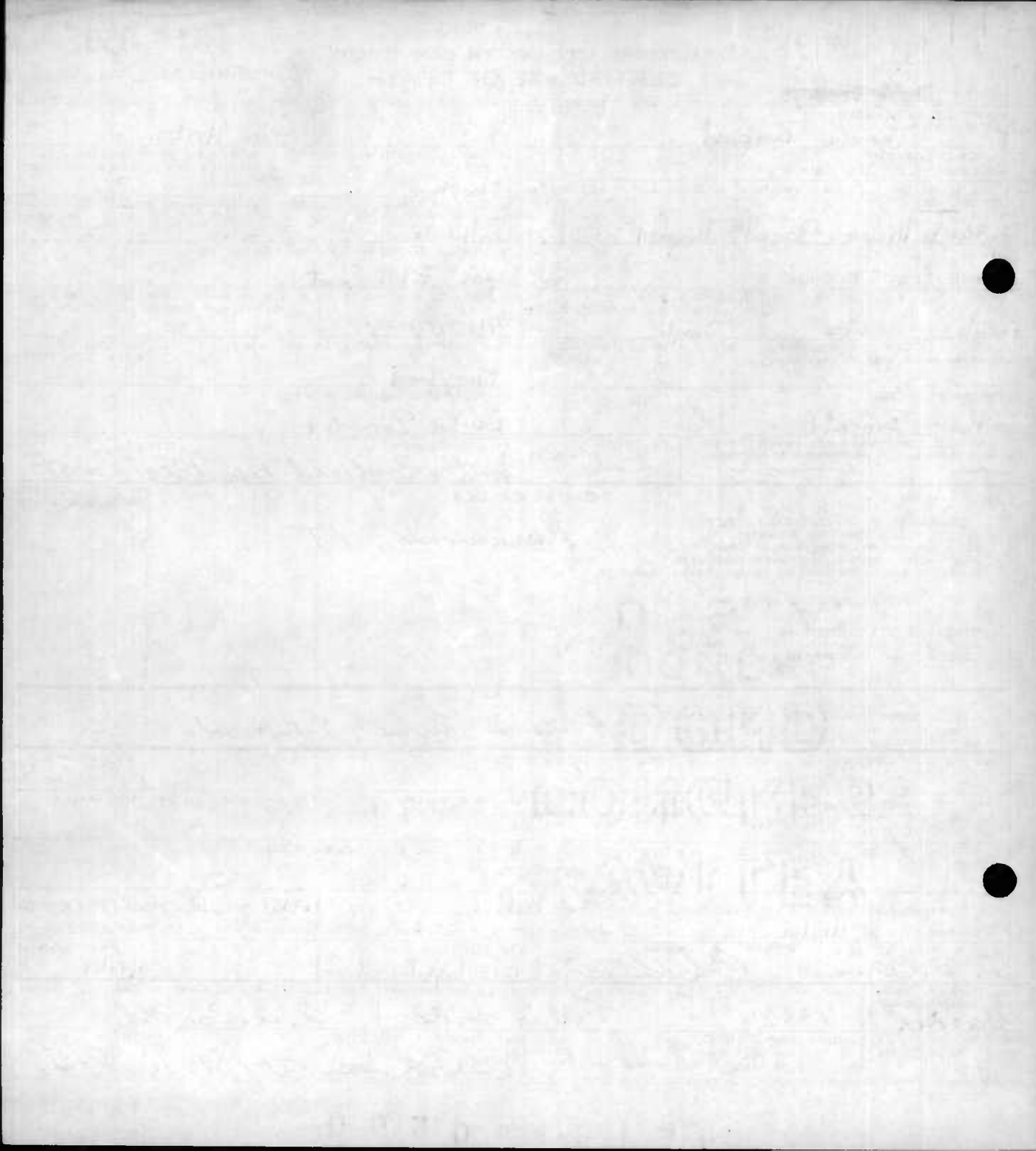
JAN 22 1951Wilmington Williams, M.Wm. Oak Inc. 1217 St. Paul St.

VS 150

1 9 5 1 0 0 0 0 5 9 0

109 B

MEDICAL CERTIFICATION



620  
51 0592BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 0592

BIRTH NO. 51-02783

1. NAME OF DECEASED (Type or Print) <b>HARRY Thomas Shires</b>			2. DATE OF DEATH <b>1-20-51</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MD</b> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Bon Secours Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE 20-04</b>		
D. STREET ADDRESS (If rural, give location) <b>2118 Frederick Ave</b>			5. SEX <b>MALE</b> 6. COLOR OR RACE <b>W</b> 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>		
8. DATE OF BIRTH <b>1-18-51</b>			9. AGE (In years last birthday) <b>12</b> 10. Under 1 Year Months: <b>12</b> Days: <b>3</b> 11. Under 24 Hours Hours: <b>12</b> Min. <b>3</b>		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10B. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) <b>Balto. Md.</b>			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <b>HARRY WILBUR SHIRES</b>			14. MOTHER'S MAIDEN NAME <b>AURORA Kathleen GLANZER</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <b>HARRY Shires</b>			ADDRESS <b>2118 Frederick Ave</b>		

18. <b>776X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Breast Cancer</b> (A) DUE TO			CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO								
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C)								
19A. DATE OF OPERATION <b>0</b>			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from <b>1-18</b> , 19 <b>51</b> , to <b>1-20</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>1-20</b> , 19 <b>51</b> , and that death occurred at <b>6:45</b> m., from the causes and on the date stated above.					
23A. SIGNATURE <b>[Signature]</b>		23B. ADDRESS <b>2025 W. Fayette St</b>		23C. DATE SIGNED <b>1/20/51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>1/22/51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Meadow Ridge</b>	
24D. LOCATION (City, town, or county) (State) <b>Dorsey Md.</b>		25. FUNERAL DIRECTOR <b>Wm. Cook Inc.</b>		ADDRESS <b>1217 St. Paul St.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 22 1951</b>		REGISTRAR'S SIGNATURE <b>Wilmington Williams, M.</b>			

THE LAND OFFICE, WASHINGTON, D. C.

1890

THE LAND OFFICE, WASHINGTON, D. C.

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THE LAND OFFICE, WASHINGTON, D. C.



51 0593

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 0593  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

James Alfred Porter

2. DATE  
OF  
DEATH

1/19/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

2106 Homewood Ave

Yrs.  
Mos.  
Days

C. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec 12 1897

9. AGE (in years,  
last birthday)

53

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Radio Station Operator

10B. KIND OF BUSINESS OR  
INDUSTRY

Radio Electric Co

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

James W. Porter

14. MOTHER'S MAIDEN NAME

Gertrude Dobson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mildred Porter 2106 Homewood Ave

18. 470.0 I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A)

Coronary Thrombosis

2 hrs.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Arteriosclerotic Heart Disease 9 mo.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1950, to Jan 19, 1951, that I last saw the deceased alive on Jan 10, 1951, and that death occurred at 12:30 Pm., from the causes and on the date stated above.

23A. SIGNATURE

J. Bradley Laughlin

M. D.

23B. ADDRESS

3033 W North Ave

23C. DATE SIGNED

1-20-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

1/22/51

24C. NAME OF CEMETERY OR CREMATORY

Olivet

24D. LOCATION (City, town, or county) (State)

St. Michaels, Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

L. H. Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

Wm Cook Inc. 1217 St. Paul St.

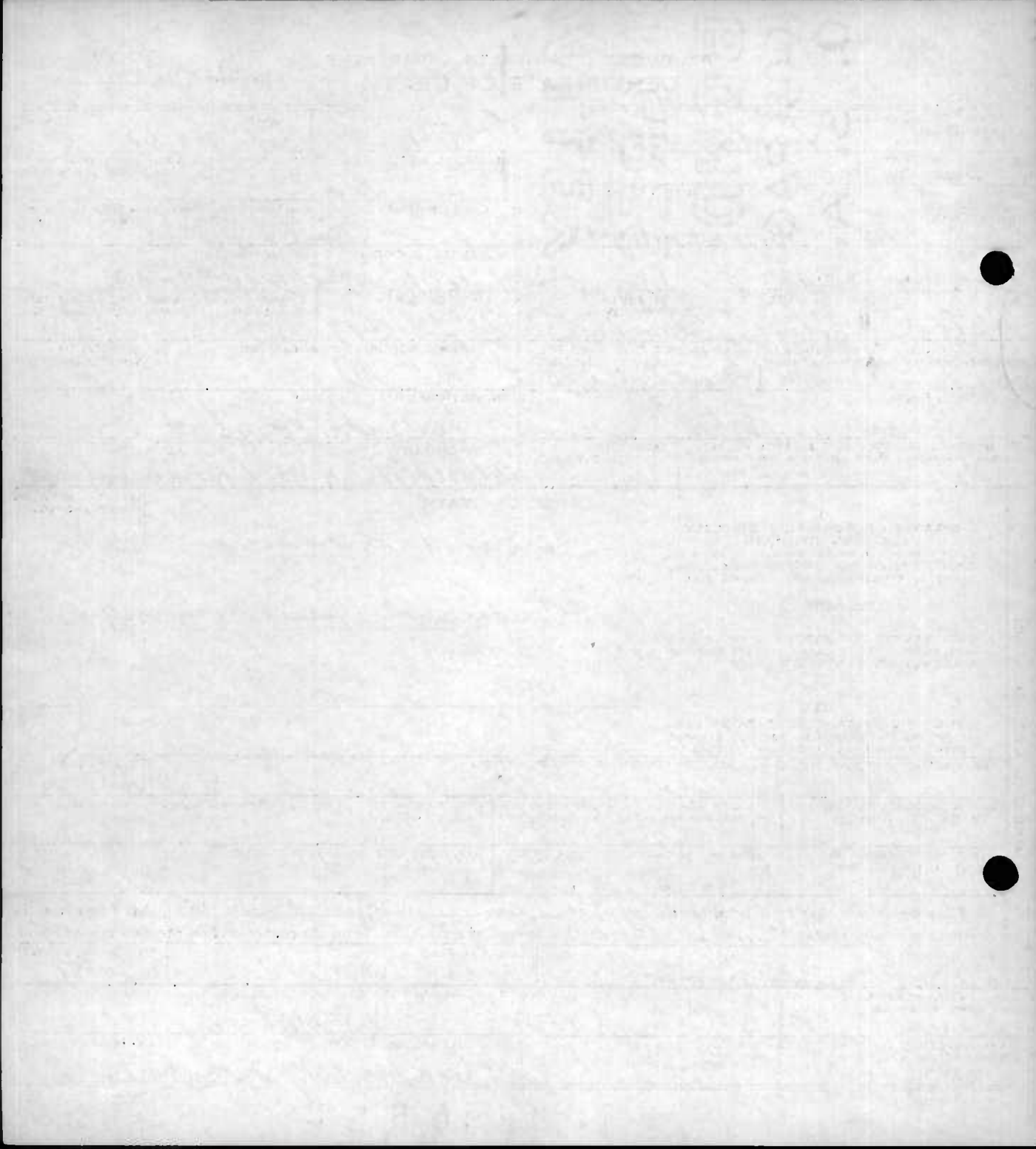
JAN 22 1951

VS 150

1 9 5 8 0 0 5 5 0 5 9 2

937

MEDICAL CERTIFICATION



520  
51 0594BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 0594  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

WALTON GUY JONES

2. DATE  
OF  
DEATH

JAN. 20, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or  
location)

1808 N. CALVERT ST.

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

B. COUNTY

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

BALTIMORE 12-05

D. STREET ADDRESS (If rural, give location)

1808 N. CALVERT ST.

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

MARCH 15, 1893

9. AGE (In years  
last birthday)

67

If Under 1 Year

If Under 24 Hours

Months: Days

Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

INS. AGENT

UNION LIBERTY INS.

13. FATHER'S NAME

WILLARD B. JONES

14. MOTHER'S MAIDEN NAME

MARY E. TODD

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL  
SECURITY NO.

215-10-5349

17. INFORMANT

ADDRESS

WILLARD R. JONES 1808 N. CALVERT

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/15/50 to 1/20/51, 1951, that I last saw the  
deceased alive on 1/30/51, 1951, and that death occurred at 1:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

REMOVAL

1-23-51

CAMBRIDGE

CAMBRIDGE, MD.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 22 1951

William Cook, Jr.

William Cook, Jr. 1217 ST. PAUL ST.

VS 150

45073 0593

937

MEDICAL CERTIFICATION

STATE OF TEXAS

COUNTY OF DALLAS

WITNESSETH

VALLEY  
CONCRETE

INCORPORATED  
1907

U.S.A.

51 0595

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 0595  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

RUDY H. RIDDLE

2. DATE  
OF  
DEATH

Jan 19, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR  
INSTITUTION  
MARYLAND GENERAL HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

11-01

D. STREET ADDRESS (If rural, give location)

917 ST PAUL ST #1

Length of stay in Baltimore

4+ Yrs.  
Mos.  
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

DIVORCED

8. DATE OF BIRTH

May 16, 1913

9. AGE (In years  
last birthday)

37

10. Under 1 Year  
Months Days11. Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR  
INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

PA.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Geo. W. Riddle

14. MOTHER'S MAIDEN NAME

Mollie A. Dickenson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Records Md. Genl Hospital

18. 171X I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) CARCINOMA of CERVIX UTERI

DUE TO

4 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) .....

DUE TO

(C) .....

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 4, 1951, to Jan 19, 1951, that I last saw the deceased alive on Jan 19, 1951, and that death occurred at 8:35 A. m., from the causes and on the date stated above.

23A. SIGNATURE

George Brown

M. D.

23B. ADDRESS

Maryland General Hospital

23C. DATE SIGNED  
Jan 19, 195124A. BURIAL, CREMATION,  
NON-REMOVAL (Specify)

Burial

24B. DATE

1/22/51

24C. NAME OF CEMETERY OR CREMATORY

London Park

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

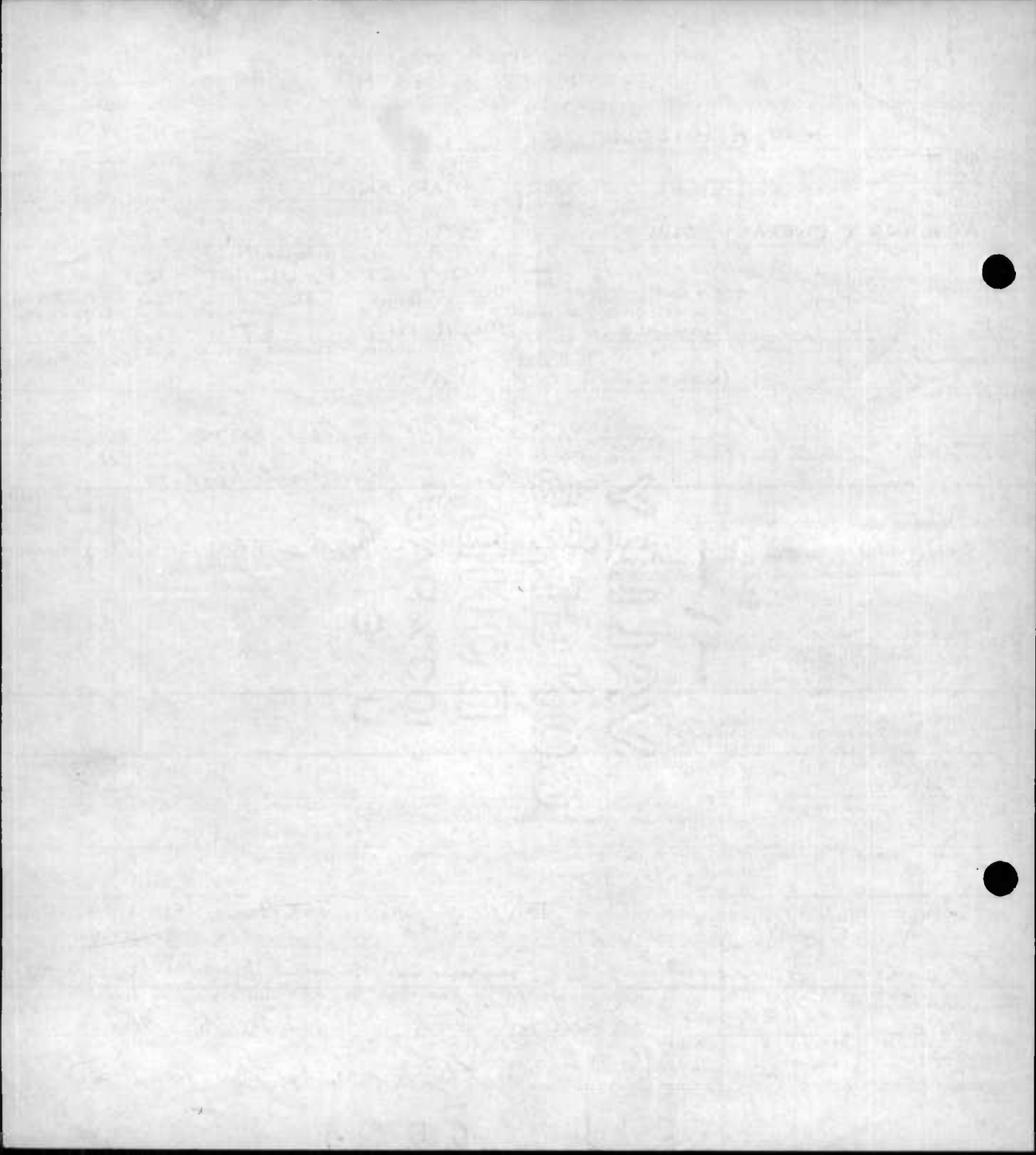
Wm Cook Inc. 1217 St. Paul St.

VS 150

19510000594

48a

MEDICAL CERTIFICATION





460  
51 0596BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 0596  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

JOHN GEORGE MILLER

2. DATE  
OF  
DEATH

1-19-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

108 WARREN AVE.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE MD

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 22-01

D. STREET ADDRESS (If rural, give location)

108 WARREN AVE

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

FEB. 1

9. AGE (in years  
last birthday)

53(?)

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

MAINTENANCE

10B. KIND OF BUSINESS OR  
INDUSTRY

BAKERY

11. BIRTHPLACE (State or foreign country)

BALTIMORE, MD

12. CITIZEN OF  
WHAT COUNTRY?

USA.

13. FATHER'S NAME

FRANK MILLER

14. MOTHER'S MAIDEN NAME

ANNA BROWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

MRS MARGARET E. MILLER 108 WARREN AVE.

18.

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

Nephritis

2 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

Hypertension

1 year

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(C) DUE TO

Cardiac failure due  
to chronic myocarditis

2 months

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

22. I hereby certify that I attended the deceased from November, 1950 to 1/19/51, 1951, that I last saw the deceased alive on 1/19/51, 1951, and that death occurred at 2 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

BURIAL

1-23-51

GLEN HAVEN

RITCHIE HIGAWAY

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 22 1951

Huntington Williams, M.D.

JOAN F. DENNY, INC 715 LIGHT ST -30



Mr. J. Miller

9-10-30

1228 S. Charles

51 0597

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 0597  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

MARY MAGDALENA TYLER

2. DATE  
OF  
DEATH

Jan 20, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

226 N. Kenwood Ave

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTO

6-02

D. STREET ADDRESS (If rural, give location)

226 N. KENWOOD AVE

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

F

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

Dec 12, 1873

9. AGE (In years  
last birthday)

27

If Under 1 Year  
Months: Days Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

Housewife

11. BIRTHPLACE (State or foreign country)

DORCHESTER Co., Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

John O. Pritchett

14. MOTHER'S MAIDEN NAME

MARGARET MOTHERSETT

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

No

16. SOCIAL  
SECURITY NO.

No

17. INFORMANT

No

ADDRESS

FULTON P. TYLER

18. 260X I CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

Coronary Thrombosis

INTERVAL BETWEEN  
ONSET AND DEATH

18 minutes

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

High Blood Pressure  
Diabetic

2 yr

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK22. I hereby certify that I attended the deceased from 1949, 19 to Jan 1951 that I last saw the  
deceased alive on Jan 15, 1951 and that death occurred at 230 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

D. W. Hearn M. D.

3905 Garrison Rd 1/20/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town or county)

(State)

BURIAL

1/23/51

PARKWOOD

TAYLOR HE

Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 22 1951

Huntington Williams, M.D.

Medred J. Blight, 6009 Hayford Rd

THE UNIVERSITY OF CHICAGO  
LIBRARY  
1000 S. EAST  
CHICAGO, ILL.  
60607

530

51 0598

ND-144985

BIRTH NO. 51-00768

CERTIFICATE CORRECTED 4/4/52 ES  
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 0598

1. NAME OF DECEASED (Type or Print) <b>Baby Girl Smith (Olivia)</b>			2. DATE OF DEATH <b>Jan. 12, 1951</b>		
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>16-03</b>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Baltimore City Hospitals</b> <b>4940 Eastern Avenue</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
D. STREET ADDRESS (If rural, give location) <b>1618 W. Lafayette Street</b>			E. LENGTH OF STAY IN BALTIMORE <b>Life</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Jan. 10, 1951</b>		9. AGE (In years last birthday) <b>2</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <b>John William Henson</b>			14. MOTHER'S MAIDEN NAME <b>Olivia Isabelle Smith</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <b>Baltimore City Hospitals</b> <b>Records: 4940 Eastern Avenue</b>		

18. CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>General Atelectasis</b>		<b>Life</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Prematurity</b>		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>2</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <b>1-10</b> , 19 <b>51</b> , to <b>1-12</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>1-12</b> , 19 <b>51</b> , and that death occurred at <b>8</b> p. m., from the causes and on the date stated above.				
23A. SIGNATURE <i>R. B. Rogers</i>		23B. ADDRESS <b>4940 Eastern Avenue</b>		23C. DATE SIGNED <b>1-15-51</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>	24B. DATE <b>1-15-51</b>	24C. NAME OF CEMETERY OR CREMATORY <b>B.C.H. Crematory</b>	24D. LOCATION (City, town, or county) (State) <b>4940 Eastern Avenue</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 22 1951</b>		25. FUNERAL DIRECTOR ADDRESS <i>William M. Williams, Jr.</i>		

MEDICAL CERTIFICATION

19510100597

159

See Document File 51-00598

4/25/52 ES

263  
0599BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 0599  
Registered No.

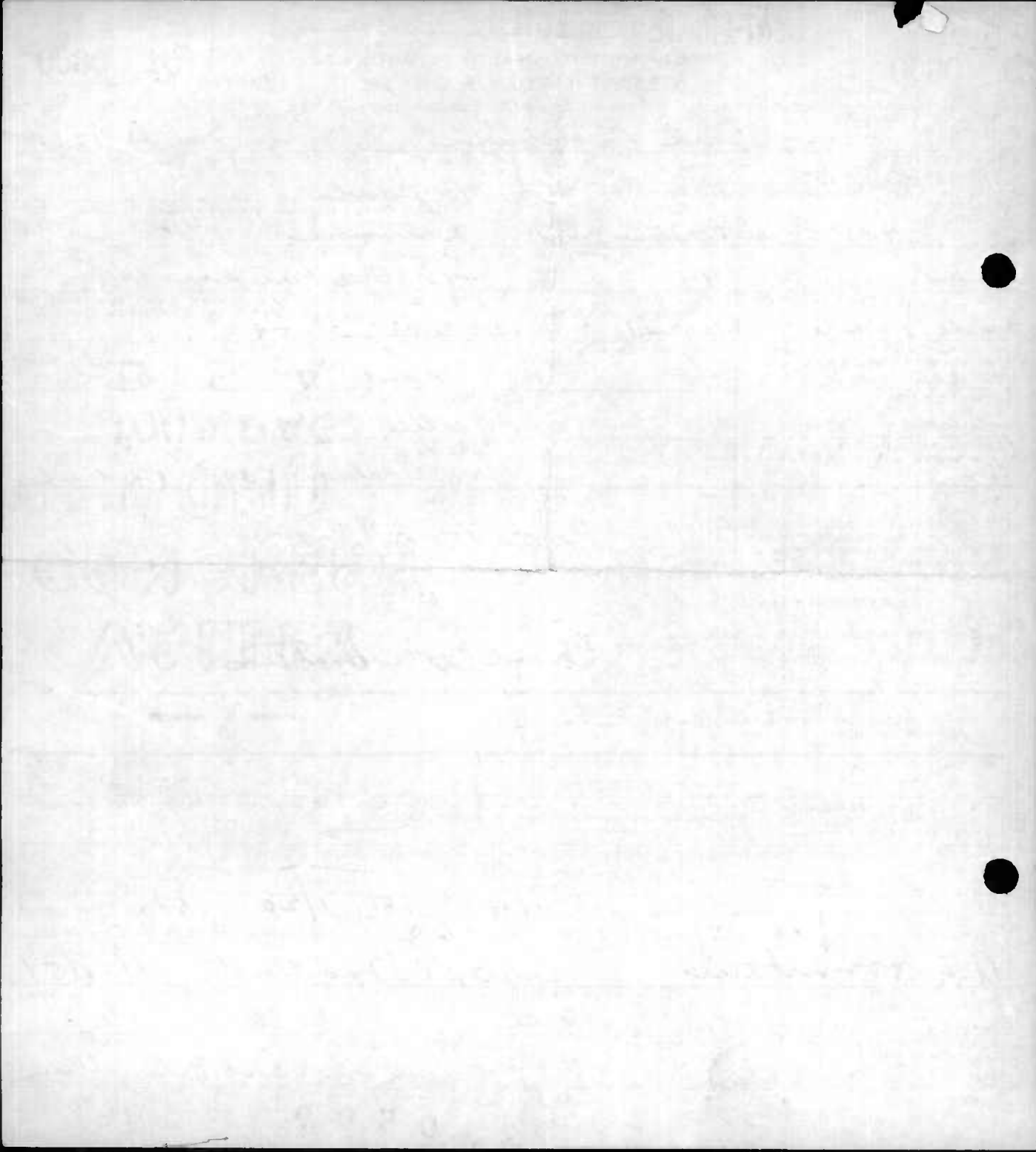
BIRTH NO.	
1. NAME OF DECEASED (Type or Print) <i>Mary Reynolds</i>	
2. DATE OF DEATH <i>Jan 19/51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balto</i>	
4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE <i>Md</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>130 N Washington St</i>	
C. CITY OR TOWN (If outside corporate limits, write full name and give township) <i>Balto</i>	
D. STREET ADDRESS (If rural, give location) <i>130 N Washington St</i>	
C. Length of stay in Baltimore <i>life</i> Yrs. Mos. Days	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>widow</i>	8. DATE OF BIRTH <i>April 22/88</i>
9. AGE (in years last birthday) <i>92</i>	10. Under 1 Year Months Days
11. Under 24 Hours Hours Min.	12. CITIZEN OF WHAT COUNTRY?
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>at home</i>	10B. KIND OF BUSINESS OR INDUSTRY
13. FATHER'S NAME <i>Adam Sultan</i>	
14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	16. SOCIAL SECURITY NO.
17. INFORMANT ADDRESS <i>Mrs Elizabeth Dederen 130 N Washington</i>	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Arteriosclerotic - Cardio-Vascular Disease</i> DUE TO INTERVAL BETWEEN ONSET AND DEATH <i>10 yrs</i> ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION <i>0</i>	
19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Mar 15, 1950</i> to <i>Jan 19, 1951</i> , that I last saw the deceased alive on <i>Jan 19, 1951</i> and that death occurred at <i>1 p. m.</i> , from the causes and on the date stated above.	
23A. SIGNATURE <i>Gibson Hume</i>	
23B. ADDRESS <i>1801 Eustace St</i>	
23C. DATE SIGNED <i>1/20/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>	
24B. DATE <i>Jan 22, 1951</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Baltimore</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>Jan 22 1951</i>	
REGISTRAR'S SIGNATURE <i>William Williams</i>	
25. FUNERAL DIRECTOR ADDRESS <i>Willoughby Funeral Home</i>	
25. FUNERAL DIRECTOR ADDRESS <i>2098 Williams St</i>	

*[Faint, illegible handwriting throughout the page]*



355 51 0600		<div>CERTIFICATE CORRECTED <u>2-5-51</u></div> <div>BALTIMORE CITY HEALTH DEPARTMENT</div> <div>CERTIFICATE OF DEATH</div>		<div>Registered No. <u>51 0600</u></div>	
BIRTH NO.		1. NAME OF DECEASED (Type or Print) <u>Eva Pearl Goodman</u>		2. DATE OF DEATH <u>Jan 21, 1951</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u>		5. FULL NAME OF HOSPITAL OR INSTITUTION <u>3442 Reisterstown Rd.</u>	
6. LENGTH OF STAY IN BALTIMORE <u>44</u>		7. DATE OF BIRTH <u>Apr 1883</u>		8. AGE (in years last birthday) <u>67</u>	
9. SEX <u>Female</u>		10. COLOR OR RACE <u>White</u>		11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Work</u>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Poland</u>	
13. FATHER'S NAME <u>Sam</u>		14. MOTHER'S MAIDEN NAME <u>Nettie</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S. A.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT <u>Harry Goodman - 3442 Reist. Rd.</u>	
18. <u>156.1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Carcinoma of Liver</u>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Genital Carcinoma</u>		(A) DUE TO			
(B) DUE TO		(C) DUE TO			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>11/4</u> , 19 <u>51</u> , to <u>1/20</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>1/20</u> , 19 <u>51</u> , and that death occurred at <u>6 A.m.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>A. G. Hornstein</u>		23B. ADDRESS <u>204 E. Biddle St</u>		23C. DATE SIGNED <u>1/21/51</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>Jan 22, 1951</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Rosedale</u>	
24D. LOCATION (City, town, or county) <u>Balto.</u>		24E. LOCATION (State) <u>Md.</u>		25. FUNERAL DIRECTOR <u>Jack Lewis Inc. - 2100 Eutan Place</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>JAN 22 1951</u>		REGISTRAR'S SIGNATURE <u>Washington Williams</u>		ADDRESS	
VS 150 7208A 005291 46F					

MEDICAL CERTIFICATION



625  
51 0601BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 0601  
Registered No.

1. NAME OF DECEASED (Type or Print) <b>SAMUEL H MORGENSTERN</b>		2. DATE OF DEATH <b>1-21-51</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>2611 Loyola Southway</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 15-13</b>	
D. STREET ADDRESS (If rural, give location) <b>2611 Loyola Southway</b>		E. LENGTH OF STAY IN BALTIMORE <b>14</b> Yrs. <b>14</b> Mos. <b>14</b> Days	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Dry Goods</b>	
11. BIRTHPLACE (State or foreign country) <b>Illustina</b>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>Michael</b>		14. MOTHER'S MAIDEN NAME <b>Anna</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Cessie Morgenstern - Same</b>		ADDRESS	
18. <b>422.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Cerebral vascular accident</b> DUE TO <b>Arteriosclerotic cardiovascular disease Bys</b>		INTERVAL BETWEEN ONSET AND DEATH <b>0</b>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>II</b> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>April 25, 1947</b> , to <b>Mar. 31, 1950</b> , that I last saw the deceased alive on <b>Mar. 31, 1950</b> , and that death occurred at <b>8 PM</b> m., from the causes and on the date stated above.			
23A. SIGNATURE <b>Big Mike</b>		23B. ADDRESS <b>1214 N. Calvert St.</b>	
23C. DATE SIGNED <b>22 Jan '51</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>1-22-51</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>Beth T. Felo</b>		24D. LOCATION (City, town, or county) (State) <b>Balto Md</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 22 1951</b>		REGISTRAR'S SIGNATURE <b>Jack Lewis</b>	
25. FUNERAL DIRECTOR <b>Jack Lewis</b>		ADDRESS <b>2100 Eutaw Pl</b>	

Acherhs  
1214 No Calvert St  
9<sup>th</sup>

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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

51 0602  
Registered No.

1. NAME OF DECEASED (Type or Print) <b>(MAE FISCHER) Mary M. Fischer</b>		2. DATE OF DEATH <b>1-19-51</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Baltimore, Maryland</b> B. COUNTY <b>16</b> C. CITY OR TOWN <b>16</b>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>DOCTORS Hospital</b>		6. STREET ADDRESS (If rural, give location) <b>1137 Ashburton St. - 16</b>	
7. Length of stay in Baltimore <b>48</b> Yrs. Mos. Days		8. DATE OF BIRTH <b>Sept. 5, 1886</b> 9. AGE (In years last birthday) <b>64</b>	
10. SEX <b>F</b>	11. COLOR OR RACE <b>W</b>	12. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>DIVORCED</b>	
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SALES LADY</b>		14. KIND OF BUSINESS OR DEPARTMENT STORE <b>DEPARTMENT STORE</b>	
15. BIRTHPLACE (State or foreign country) <b>ELIZABETH, NEW JERSEY</b>		16. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
17. FATHER'S NAME <b>Dominic Hill</b>		18. MOTHER'S MAIDEN NAME <b>MARY Ellen Maloney</b>	
19. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		20. SOCIAL SECURITY NO. <b>216-63-4955</b>	
21. INFORMANT ADDRESS <b>Anna E. Schmidt, 1137 Ashburton St.</b>			
22. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Coronary Thrombosis</b>		23. INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>	
24. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Arteriosclerotic Cardio-vascular Disease</b>		25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
26. DATE OF OPERATION <b>0</b>		27. MAJOR FINDINGS OF OPERATION	
28. ACCIDENT, SUICIDE, HOMICIDE (Specify)		29. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
30. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		31. TIME (Month) (Day) (Year) (Hour) OF INJURY	
32. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		33. HOW DID INJURY OCCUR?	
34. I hereby certify that I attended the deceased from <b>Jan 16, 1951</b> to <b>Jan 19, 1951</b> , that I last saw the deceased alive on <b>Jan 19, 1951</b> , and that death occurred at <b>1:30 p.m.</b> , from the causes and on the date stated above.			
35. SIGNATURE <b>A. G. Anderson</b> M. D.		36. ADDRESS <b>1105 N. Calver St.</b> 37. DATE SIGNED <b>1-20-51</b>	
38. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		39. DATE <b>Jan. 23, 51</b>	
40. NAME OF CEMETERY OR CREMATORY <b>New Cathedral</b>		41. LOCATION (City, town, or county) (State) <b>4300 Old Trust. Rd. / Lab. Md.</b>	
42. DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 22 1951</b>		43. REGISTRAR'S SIGNATURE <b>William H. Williams</b>	
44. FUNERAL DIRECTOR <b>Harry H. Lutzke</b>		45. ADDRESS <b>4101 Edmondson Ave</b>	

MEDICAL CERTIFICATION

420 68 000 601 937 Ave

Lh. A. A. Sussman  
1109 N. Calvert St. /

12.30 - 2.30.



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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0603

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <b>TARADDEO, Jennie</b>		2. DATE OF DEATH <b>1/20/51</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> COUNTY <b>Baltimore</b>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>University Hosp</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Cotonsville</b>			
Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <b>103 Cherrydell Ave.</b>			
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>July 22-1904</b>	9. AGE (in years last birthday) <b>45</b>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Balto. Md</b>	
13. FATHER'S NAME <b>John Russo</b>		14. MOTHER'S MAIDEN NAME <b>Camela Maggio</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <b>Jennie Dip. Mugis 103 Cherrydell Rd</b>	
18. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Cerebral hemorrhage</b>		CAUSE OF DEATH (A) <b>hypertension</b>		INTERVAL BETWEEN ONSET AND DEATH	
II. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C)			
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>1/20, 1951</b> to <b>1/20, 1951</b> , that I last saw the deceased alive on <b>1/20, 1951</b> and that death occurred at <b>945 P m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Edw. M. Hubbard</b>		23B. ADDRESS <b>University Hosp</b>		23C. DATE SIGNED <b>1/20/51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>Jan 22-1951</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Holy Redeemer Cem</b>	
24D. LOCATION (City, town, or county) (State) <b>Balto. Maryland</b>		25. FUNERAL DIRECTOR <b>Joseph Tarase Inc.</b>		25. ADDRESS <b>2013 Greenmount Ave</b>	

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MEDICAL CERTIFICATION



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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

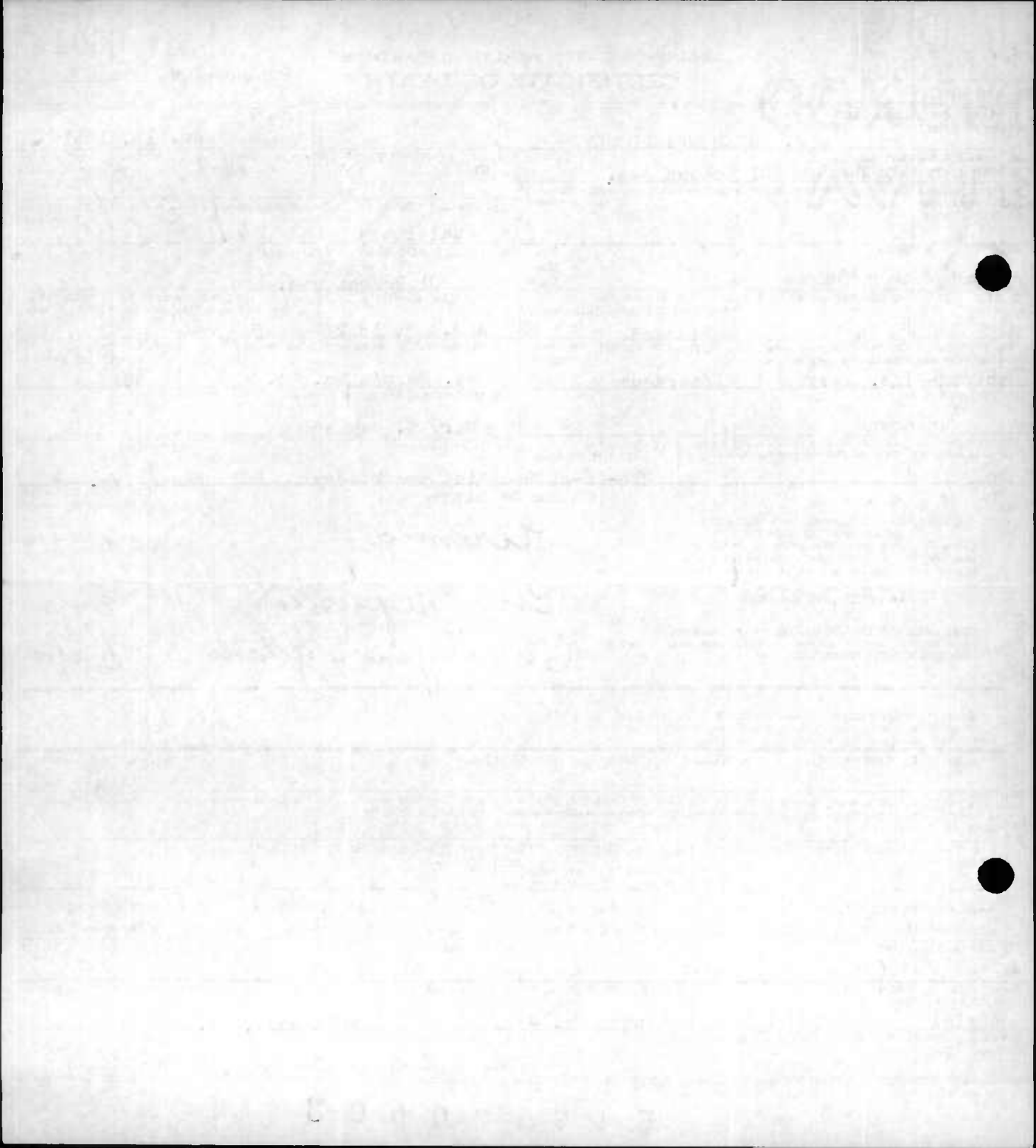
51 0604

Registered No.

1. NAME OF DECEASED (Type or Print) <b>J. SUMMERFIELD JOY</b>		2. DATE OF DEATH <b>Jan. 19, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>801 McKean Ave.</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY <b>16-04</b>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
D. Length of stay in Baltimore		E. STREET ADDRESS (If rural, give location) <b>801 McKean Ave.</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Apr. 12, 1882</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired- Ins. Agent</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Insurance</b>	9. AGE (In years last birthday) <b>68</b>
13. FATHER'S NAME <b>Unknown</b>		11. BIRTHPLACE (State or foreign country) <b>St. Mary's Co. Md.</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
16. SOCIAL SECURITY NO. <b>215-09-5929</b>		14. MOTHER'S MAIDEN NAME <b>Mary E. Hayden</b>	
18. <b>592X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Uremia</b>		17. INFORMANT <b>Miss Eva M. Joy</b>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Chr. Nephritis</b>		ADDRESS <b>801 McKean Ave.</b>	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>	
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION <b>3 yrs</b>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>5 yrs</b>	
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21F. HOW DID INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) <b>INJURY</b>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from <b>1945</b> , 19 <b>51</b> , to <b>Jan 19</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>Jan 18</b> , 19 <b>51</b> , and that death occurred at <b>5 A.</b> m., from the causes and on the date stated above.			
23A. SIGNATURE <b>Thomas U. Podd</b>		23B. ADDRESS <b>2108 St Paul St.</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23C. DATE SIGNED <b>1/20/51</b>	
24B. DATE <b>1/22/51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Loudon Pk. Cem.</b>	
24D. LOCATION (City, town, or county) <b>Baltimore, Md.</b>		24E. FUNERAL DIRECTOR <b>Thm. J. Tackner &amp; Sons Inc. Balto, Md.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 22 1951</b>		REGISTRAR'S SIGNATURE <b>Wm. J. Tackner</b>	

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51 0605BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

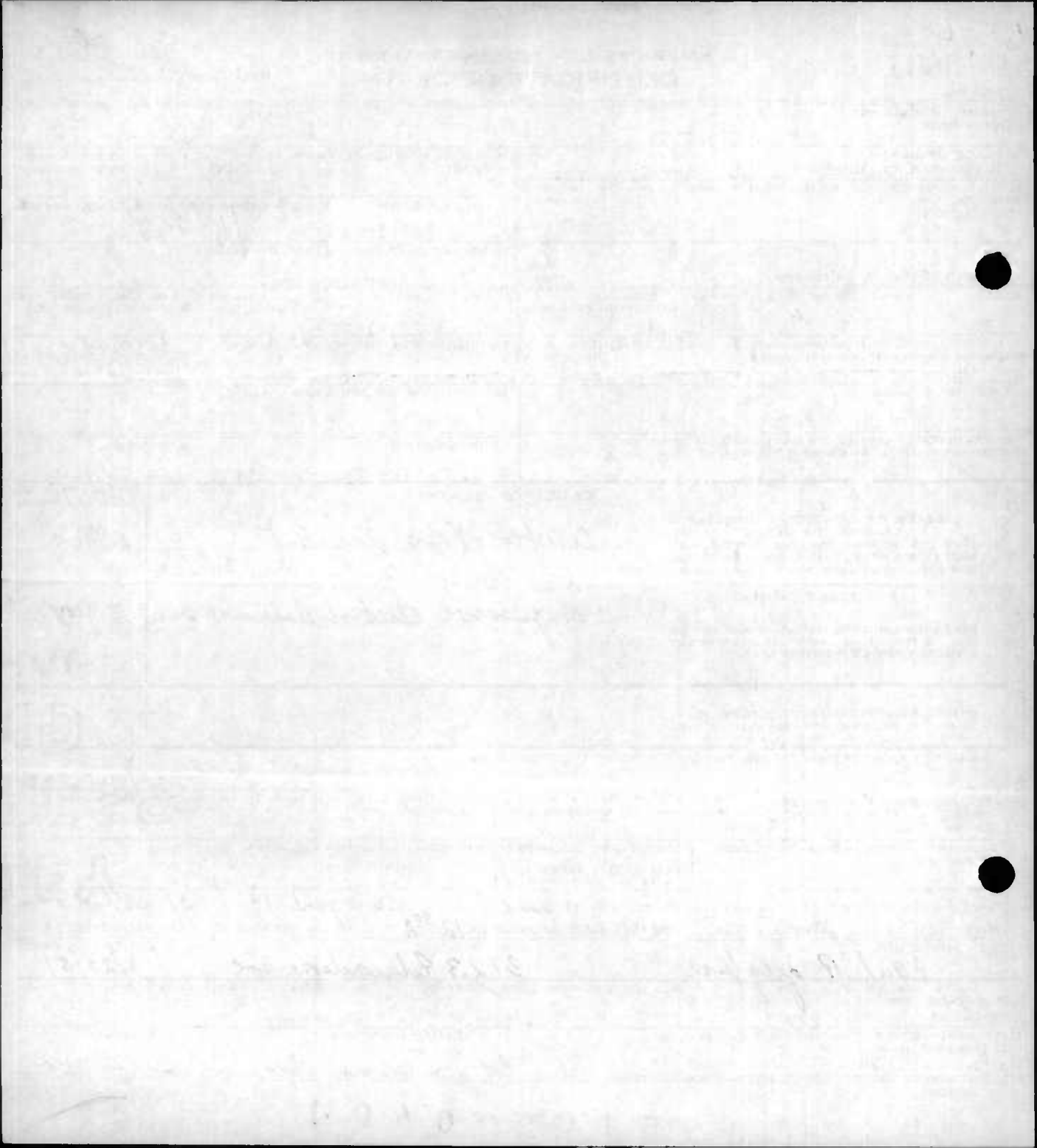
51 0605

Registered No.

1. NAME OF DECEASED (Type or Print) MARY L. BARNSLEY		2. DATE OF DEATH Jan. 19, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland 3600 Eversley Ave.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. C. CITY OR TOWN (If outside corporate limits, give RURAL and give township) Baltimore O. STREET ADDRESS (If rural, give location) 3600 Eversley Ave.	
B. FULL NAME OF HOSPITAL OR INSTITUTION		9. AGE (in years last birthday) 75	
C. Length of stay in Baltimore		10. DATE OF BIRTH June 22, 1875	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	11. BIRTHPLACE (State or foreign country) Howard Co., Md.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Charles D. Anderson		14. MOTHER'S MAIDEN NAME Katherine Harman	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None	
18. 443 X 1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Cerebro-Vase Accident DUE TO Hypertensive Cardio-Vase Disease (B) Progressive Cerebral Arteriosclerosis DUE TO 2 yrs. (C)		INTERVAL BETWEEN ONSET AND DEATH 6 mos.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21F. HOW DID INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from June 7, 1950, to Jan 19, 1951, that I last saw the deceased alive on Jan. 17, 1951, and that death occurred at 12:30 A.M., from the causes and on the date stated above.			
23A. SIGNATURE Paul R. Ziegler		23B. ADDRESS 3723 Edmondson Ave	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 1/22/51	
24C. NAME OF CEMETERY OR CREMATORY Loudon Pk. Cem.		24D. LOCATION (City, town, or county) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR JAN 22 1951		REGISTRAR'S SIGNATURE	
25. FUNERAL DIRECTOR		ADDRESS	
H. J. Tuckner - Sons Inc		Belts md	

19510000604

937



640

51 0606

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 0606  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>MILDRED RUTH CARL</b>			2. DATE OF DEATH <b>Jan 19, 1951</b>		
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland 4309 Chatham Road</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
6. LENGTH OF stay in Baltimore			D. STREET ADDRESS (If rural, give location) <b>4309 Chatham Rd.</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	B. DATE OF BIRTH <b>Aug. 15, 1887</b>		9. AGE (In years last birthday) <b>63</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Fashion Model</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>Dept. Store</b>		11. BIRTHPLACE (State or foreign country) <b>Spencer, Mass</b>
13. FATHER'S NAME <b>Harry E. Bemis</b>			14. MOTHER'S MAIDEN NAME <b>Ina Cate</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>None</b>			16. SOCIAL SECURITY NO. <b>?</b>		
17. INFORMANT <b>Rev. J. George Carl</b>			ADDRESS <b>4309 Chatham Rd.</b>		

18. <b>153X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Cause of large bowel</b>		INTERVAL BETWEEN ONSET AND DEATH <b>13 months</b>
DUE TO (A) .....		
DUE TO (B) .....		
DUE TO (C) .....		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

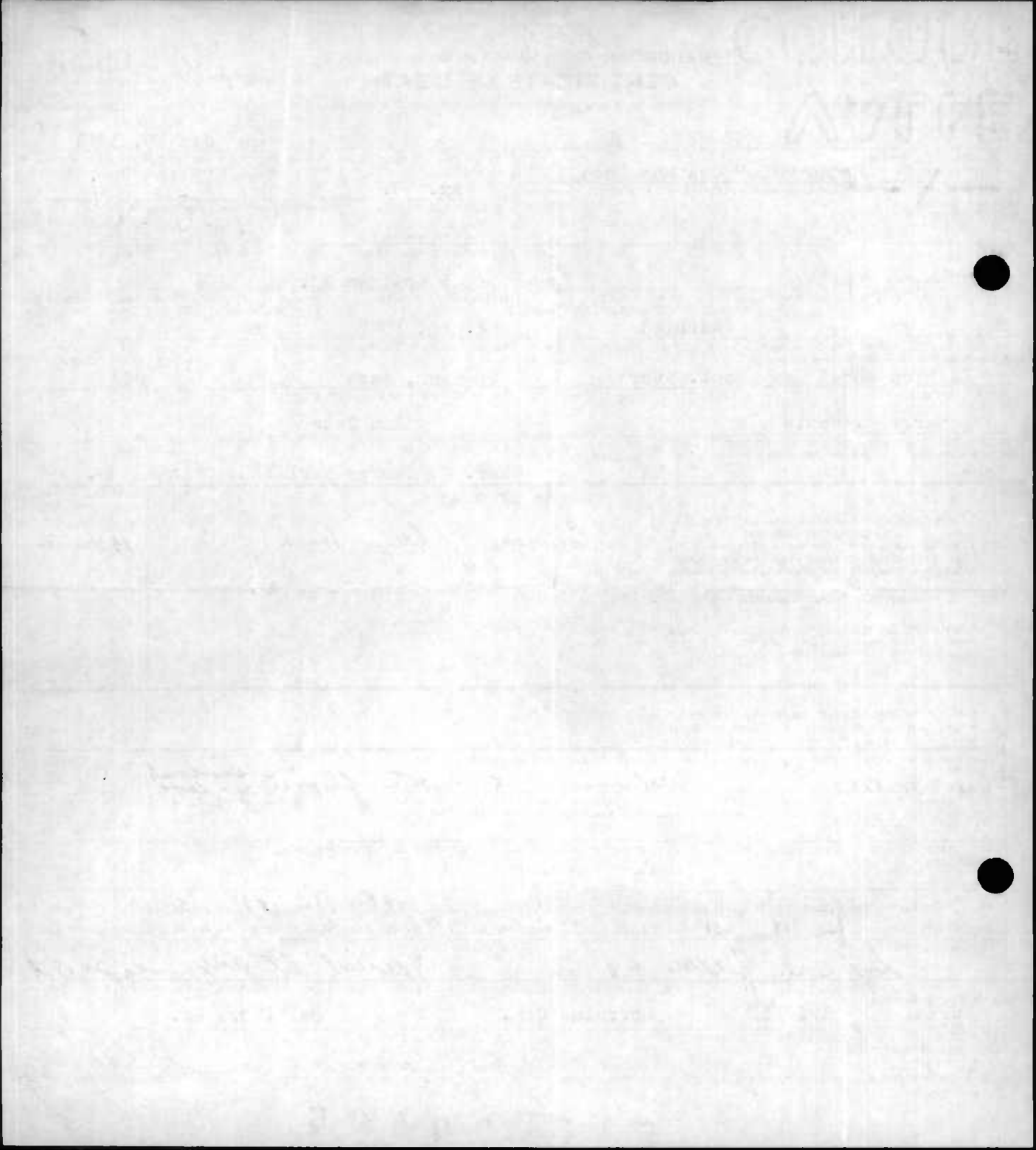
19A. DATE OF OPERATION <b>Dec. 31, 1949</b>		19B. MAJOR FINDINGS OF OPERATION <b>Malignant at hypertrophic flexure - carcinoma</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <b>1</b> 1948 to <b>Jan. 29</b> , 1951, that I last saw the deceased alive on <b>Jan. 19</b> , 1951, and that death occurred at <b>7:30 P. m.</b> , from the causes and on the date stated above.				
23A. SIGNATURE <b>Sydney E. Greeley, M.D.</b>		23B. ADDRESS <b>Medical Arts Bldg</b>		23C. DATE SIGNED <b>Jan. 20, 1951</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>1/22/51</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Lorraine Cem.</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore Md.</b>	

DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 22 1951</b>	REGISTRAR'S SIGNATURE <b>William J. Williams, M.D.</b>	25. FUNERAL DIRECTOR <b>Wm. J. Jackson &amp; Sons Inc</b>	ADDRESS <b>Balto Md.</b>
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231 GC 000005

46E

MEDICAL CERTIFICATION





242  
51 0607

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0607  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Albert L. Mc Collister

2. DATE  
OF  
DEATH

Jan. 19, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE  
MD

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Lutheran Hospital (DOH)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTO.

16-07

D. STREET ADDRESS (If rural, give location)

3117 NORMOUNT AVE

Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

MAY 25, 1893

9. AGE (In years  
last birthday)

57

If Under 1 Year  
Months: Days

If Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

STATIONARY ENGINEER

10B. KIND OF BUSINESS OR  
INDUSTRY

P. AND  
MFG.

11. BIRTHPLACE (State or foreign country)

PHOENIX CITY ALA

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

THOMAS MCCOLLISTER

14. MOTHER'S MAIDEN NAME

FANNIE FAYERS

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

WORLD

I

16. SOCIAL  
SECURITY NO.

220-057779

17. INFORMANT

ADDRESS

Mrs MARGARET M. COLLISTER 3117 NORMOUNT AVE

18. 4201

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

Coronary Disease

ANTECEDENT CAUSES

(B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(C)

INTERVAL BETWEEN  
ONSET AND DEATH

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE  
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from  
Autopsy, Inspection or Inquiry  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Wm. H. Kammner, Jr.

M.D.

23B. CHIEF MEDICAL EXAMINER.....  
ASSISTANT MEDICAL EXAMINER.....  
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Jan. 19, 1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

BURIAL

24B. DATE

1/22/51

24C. NAME OF CEMETERY OR CREMATORY

WOODLAWN CEM

24D. LOCATION (City, town, or county)

WOODLAWN MD

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William J. Williams, Jr.

25. FUNERAL DIRECTOR

Wm. J. Tuckner, Sr. Inc.

ADDRESS

Belt Rd

V S 151

5 FEB 3 1951 2606

94a



530  
51 0608

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0608  
Registered No.

BIRTH NO.			1. NAME OF DECEASED (Type or Print) <i>Roy E. Smith</i>			2. DATE OF DEATH <i>1-20-51</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>16-06</i>					
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>University Hosp.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore City</i>			D. STREET ADDRESS (If rural, give location) <i>2810 W. Mosher St.</i>		
Length of stay in Baltimore			Yrs. Mos. Days					
5. SEX <i>M</i>	6. COLOR OR RACE <i>N</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>May 3, 1877</i>	9. AGE (in years last birthday) <i>73</i>	If Under 1 Year Months: Days		If Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>CHIEF PAROLE OFFICER</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>Retired</i>			11. BIRTHPLACE (State or foreign country) <i>Md. W. CONICO Co.</i>		12. CITIZEN OF WHAT COUNTRY? <i></i>
13. FATHER'S NAME <i>William S. Smith</i>			14. MOTHER'S MAIDEN NAME <i>Clara Giles</i>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>			16. SOCIAL SECURITY NO. <i>None</i>			17. INFORMANT ADDRESS <i>Mrs. Cornelia C. Smith 2810 W. Mosher St.</i>		
18. <i>III X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH (A) <i>Cerebral thrombosis</i> DUE TO (B) <i>Arteriosclerotic brain disease + hypertension</i> DUE TO (C) <i></i>  <i>and diabetes mellitus</i>			INTERVAL BETWEEN ONSET AND DEATH <i>7 wks</i>  <i>(over.)</i>		
19A. DATE OF OPERATION <i>1-9-51</i>			19B. MAJOR FINDINGS OF OPERATION <i>Simple gastroenterostomy</i>			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>			21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i></i>			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <i></i>		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <i></i>			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR? <i></i>		
22. I hereby certify that I attended the deceased from <i>Jan 3, 1951</i> to <i>Jan 20, 1951</i> , that I last saw the deceased alive on <i>Jan 20, 1951</i> , and that death occurred at <i>5:10 AM</i> , from the causes and on the date stated above.								
23A. SIGNATURE <i>John F. Kelly</i>			23B. ADDRESS <i>University Hosp.</i>			23C. DATE SIGNED <i>1-20-51</i>		
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>			24B. DATE <i>1/23/51</i>			24C. NAME OF CEMETERY OR CREMATORY <i>WESTERN CEM</i>		
24D. LOCATION (City, town, or county) (State) <i>BALTO. MD</i>			25. FUNERAL DIRECTOR <i>Wm. J. Jackson &amp; Sons Inc.</i>			ADDRESS <i>Balto Md</i>		

DATE RECEIVED BY LOCAL REGISTRAR  
JAN 22 1951

VS 150

MEDICAL CERTIFICATION

279 092 00607

61

What was the cause for which  
the gastrostomy was performed?

Autopsy: Bronchopneumonia, right lobe, edema and congestion lungs, bilateral,  
CPC liver, pyelonephritis, bilateral, acute and chronic, cystitis, acute,  
benign gastric tumor greater curvature.

326  
0609BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0609

Registered No.

BIRTH NO.

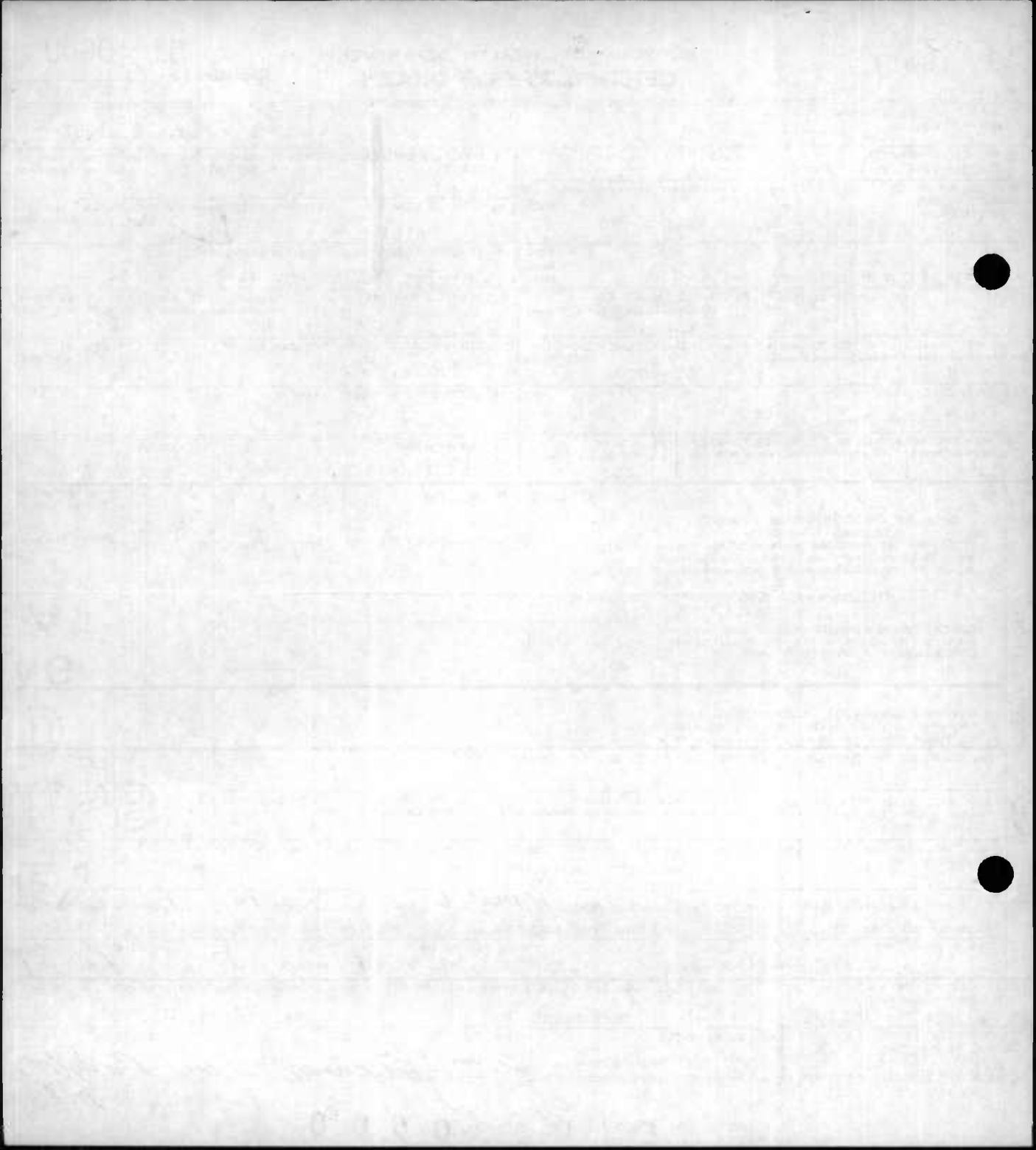
1. NAME OF DECEASED (Type or Print) <b>ANNE BETSWORTH</b>		2. DATE OF DEATH <b>Jan. 19, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Hopkins Apts.</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY <b>Baltimore.</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>None</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore.</b>	
D. STREET ADDRESS (If rural, give location) <b>Charles &amp; 30th St. Hopkins Apts.</b>		E. LENGTH OF STAY IN BALTIMORE <b>12-03</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Mar. 4, 1870</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>	9. AGE (In years last birthday) <b>80</b>
11. BIRTHPLACE (State or foreign country) <b>Baltimore, Md.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>Joseph Grape</b>		14. MOTHER'S MAIDEN NAME <b>Mary Allen</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>None</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT <b>Miss Mildred B. Betsworth</b>		ADDRESS <b>Same as Above</b>	

18. <b>450.0 I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, apoplexy, etc. It means the disease, injury or complication which caused death.) <b>Arteriosclerosis - (Arteries)</b>	CAUSE OF DEATH (A) <b>Arteriosclerosis - (Arteries)</b> DUE TO (B) DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH <b>unknown</b>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) <b>INJURY</b>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>March 6, 1950</b> , to <b>Jan 19, 1951</b> , that I last saw the deceased alive on <b>Jan 19, 1951</b> , and that death occurred at <b>m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Charles R. Endersbury</b>		23B. ADDRESS <b>2922 St Paul St</b>		23C. DATE SIGNED <b>1/20/51</b>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>1/23/51</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Greenmount Cem</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore, Md.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 22 1951</b>		REGISTRAR'S SIGNATURE <b>Wm J. Fickner &amp; Sons</b>	25. FUNERAL DIRECTOR <b>Wm J. Fickner &amp; Sons</b>

97 Md.



324  
51 0610

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0610

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>H</b>		2. DATE OF DEATH <b>1/20/51</b>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Maryland General</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
6. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>506 Beaumont Avenue #12</b>	
7. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>7-31-82</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Registered nurse - housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>68</b> If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
13. FATHER'S NAME <b>Daniel Monroe Browning</b>		11. BIRTHPLACE (State or foreign country) <b>Maryland</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>no</b> (If yes, give war or dates of service)		14. MOTHER'S MAIDEN NAME <b>Malvina Virginia Davis</b>	
16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT ADDRESS <b>Monroville Briddell 4403 Wickford Rd.</b>	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>(A) Pulmonary edema</b> DUE TO <b>(B) Auricular Fibrillation</b> DUE TO <b>(C) Arteriosclerotic heart disease</b>			INTERVAL BETWEEN ONSET AND DEATH <b>terminal</b> <b>terminal</b> <b>unknown</b>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>Diabetes mellitus &amp; acidosis</b>			<b>unknown</b>
19A. DATE OF OPERATION <b>2</b>		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>1/20</b> , 19 <b>51</b> , to <b>1/20</b> , 19 <b>51</b> ; that I last saw the deceased alive on <b>1/20</b> , 19 <b>51</b> , and that death occurred at <b>9:30</b> p.m., from the causes and on the date stated above.			
23A. SIGNATURE <b>Marguerite Louisa Candler</b>		23B. ADDRESS <b>Maryland General Hospital</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>1/23/51</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>Druid Ridge Com.</b>		24D. LOCATION (City, town, or county) (State) <b>Pikesville, Md.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 22 1951</b>		REGISTRAR'S SIGNATURE <b>Washington Williams</b>	
25. FUNERAL DIRECTOR <b>Wm. J. Pickens &amp; Sons - Balt.</b>		ADDRESS	

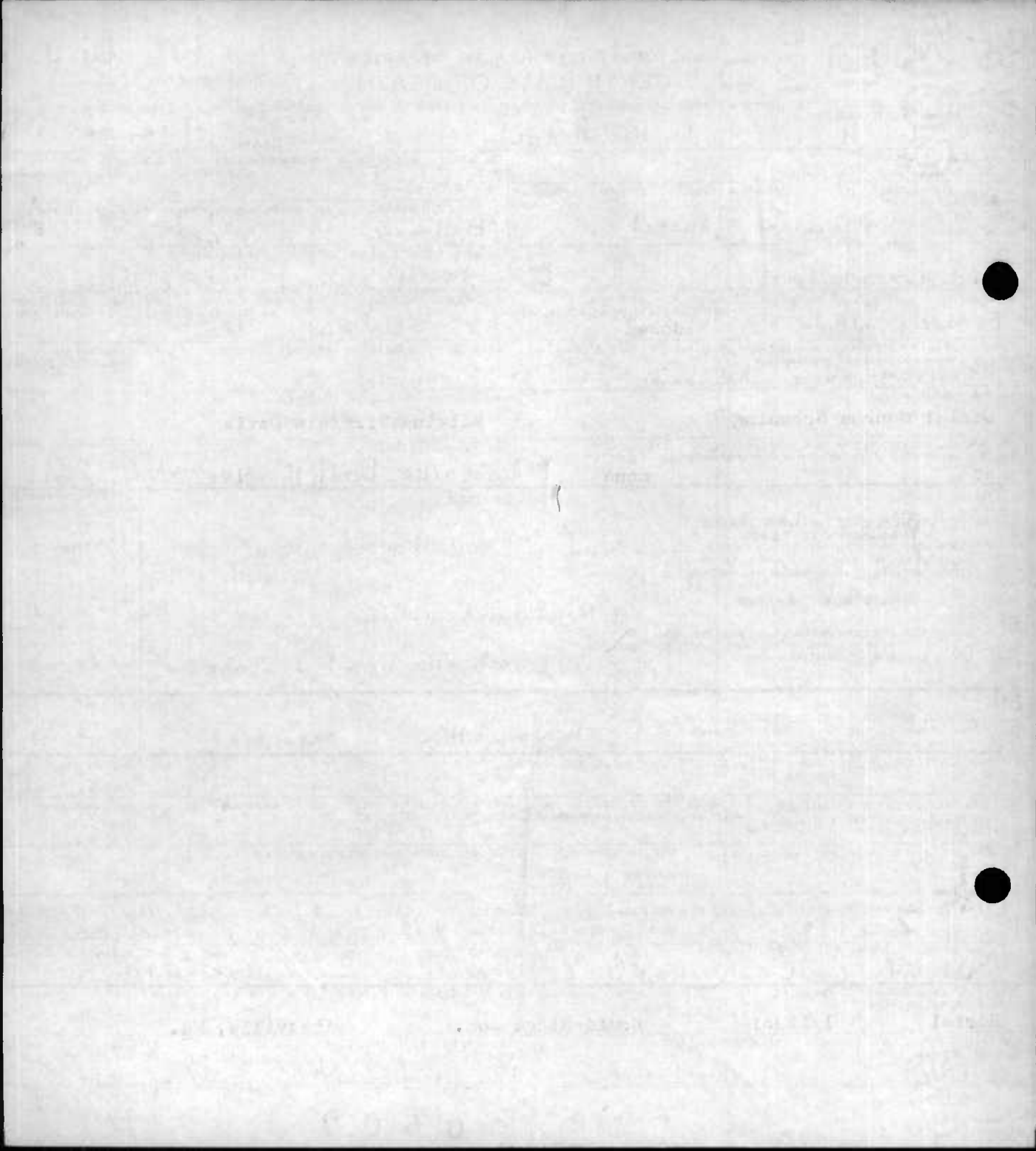
VS 150

5 105885 0609

61 md.

MEDICAL CERTIFICATION





450  
51 0611BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0611

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Charles Archer Blaney Jr

2. DATE  
OF  
DEATH

1/20/51

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION33rd & Calverton  
Union Memorial

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE

b. COUNTY

Maryland

Baltimore

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

d. STREET ADDRESS (If rural, give location)

303 W 27th St

Length of stay in Baltimore

65

(Yrs.  
Mos.  
Days)

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

12/24/85

9. AGE (In years last birthday)

65

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Rail Road engineer

10b. KIND OF BUSINESS OR INDUSTRY

Railroad

11. BIRTHPLACE (State or foreign country)

Maryland Co md

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

George W Blaney (D)

14. MOTHER'S MAIDEN NAME

Susan J Nagel

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

717-07-8609

17. INFORMANT

Mr. C. A. Blaney, Jr. (Carrollton Ave. Ruxton 4, Md.)

18. 420.1 I

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) acute anterior coronary occlusion 3 days

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/17/51, 19, to 1/20/51, 19, that I last saw the deceased alive on 1/20/51, 19, and that death occurred at 7:05 a.m., from the causes and on the date stated above.

23a. SIGNATURE

J. J. Edwards M. D.

23b. ADDRESS

Union Memorial Hosp 1/20/50

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

1/23/51

24c. NAME OF CEMETERY OR CREMATORY

Holy Cross Ch. Cem.

24d. LOCATION (City, town or county) (State)

Harford Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR

JAN 22 1951

REGISTRAR'S SIGNATURE

[Signature]

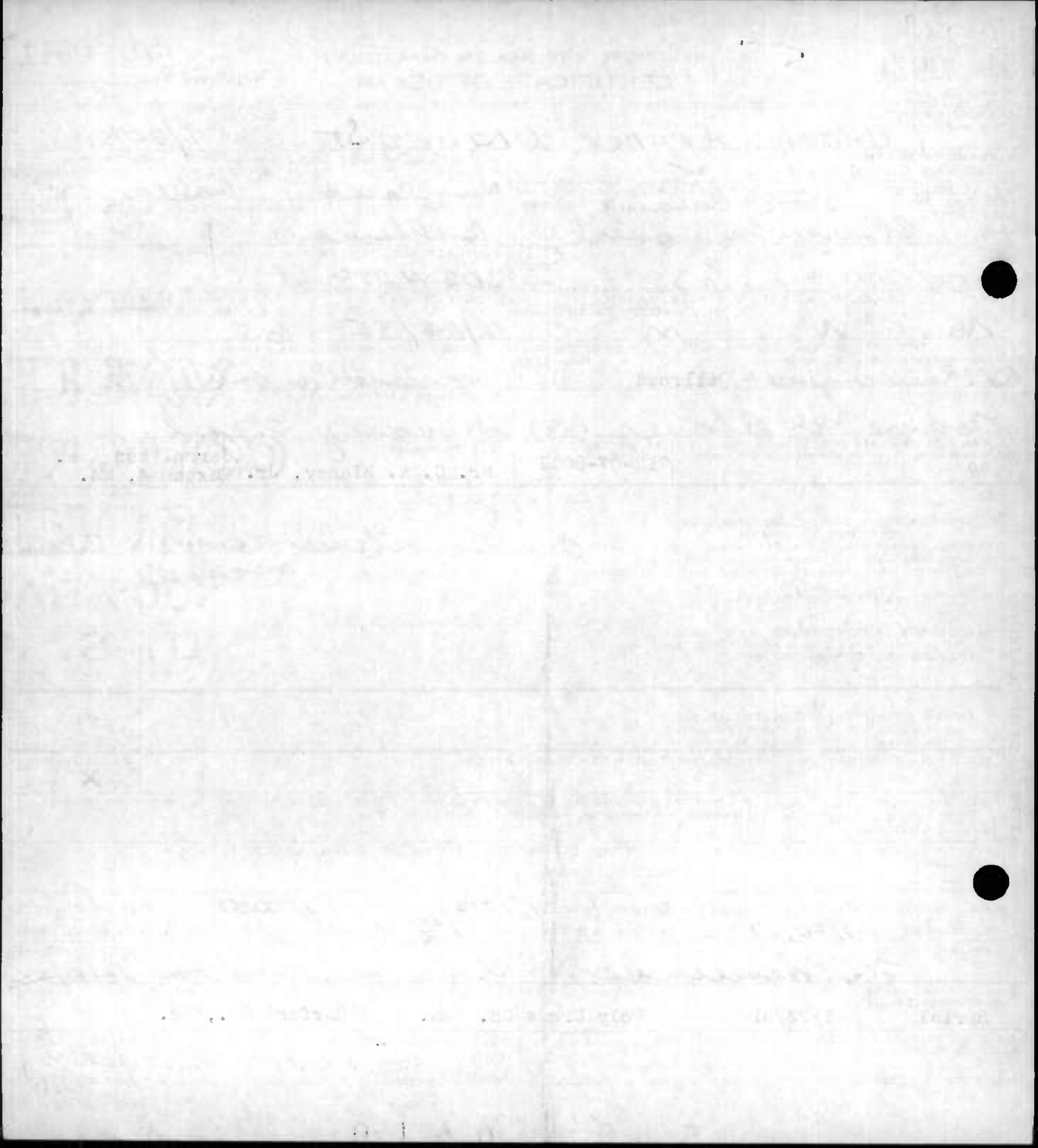
25. FUNERAL DIRECTOR

Wm. J. Lickner &amp; Sons - Balto Md.

ADDRESS

VS 150

94a



# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 51 0612

BIRTH NO. 51 0612

1. NAME OF DECEASED (Type or Print) <b>RANDOLPH WHITE</b>		2. DATE OF DEATH <b>January 18, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>17-02</b> C. CITY OR TOWN <b>Baltimore</b> (If outside corporate limits, write RURAL and give township) D. STREET ADDRESS (If rural, give location) <b>1043 Myrtle Avenue</b>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>1043 Myrtle Avenue</b>		6. LENGTH OF STAY IN BALTIMORE Yrs. <b>0</b> Mos. <b>0</b> Days <b>0</b>	
7. SEX <b>male</b>	8. COLOR OR RACE <b>colored</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	10. DATE OF BIRTH <b>2-2-1884</b>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Contractor</b>		12. AGE (In years last birthday) <b>66</b> If Under 1 Year Months: Days If Under 24 Hours Hours: Min.	
13. FATHER'S NAME <b>Monk White</b>		14. BIRTHPLACE (State or foreign country) <b>Pa.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or no) <b>no</b>		16. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
17. SOCIAL SECURITY NO. <b>no</b>		18. MOTHER'S MAIDEN NAME <b>Agnes White</b>	
19. INFORMANT <b>Edna White - Edmondson Ave.</b>		20. ADDRESS	

18. <b>4221</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Arteriosclerotic cardiovascular disease</b> DUE TO (A) <b>Arteriosclerotic cardiovascular disease</b> (B) (C) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH	
--	--	----------------------------------	--

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <b>J. S. Fisher</b>		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED <b>Jan. 19, 1951</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24B. DATE <b>1/23/51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Mt. Auburn</b>	
24D. LOCATION (City, town, or county) <b>W. Hales - 918</b>		24E. STATE <b>MD</b>			

DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 22 1951</b>		REGISTRAR'S SIGNATURE <b>William Williams</b>		25. FUNERAL DIRECTOR <b>W. Hales - 918</b>		
V S 151		26. ADDRESS <b>Alvin Hellyar</b>				



450  
0613BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 0613

BIRTH NO.			1. NAME OF DECEASED (Type or Print) <b>JOHN R. NEWLIN</b>			2. DATE OF DEATH <b>JAN 21, 1951</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>10-01</b>					
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>JOHNS HOPKINS HOSP</b>			C. CITY OR TOWN (If outside corporate limits, write FULL and give township) <b>Baltimore</b>					
Length of stay in Baltimore <b>40 yrs</b>			D. STREET ADDRESS (If rural, give location) <b>1209 N. Eden Street</b>					
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>3/10/1873</b>		9. AGE (In years last birthday) <b>77</b>		If Under 1 Year Months: Days: Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABORER (Retired Bethlehem Steel)</b>			10B. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <b>N.C.</b>		
13. FATHER'S NAME <b>Richard Newlin</b>			14. MOTHER'S MAIDEN NAME <b>?</b>			12. CITIZEN OF WHAT COUNTRY?		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.			17. INFORMANT <b>Doris Cousin</b>		
						ADDRESS <b>1209 N. Eden St</b>		

18. **331X**

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.19A. DATE OF OPERATION **0**

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

**Jan 21, 1951**

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

0510000612

83a V





430  
51 0614

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0614  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>HARRY E. BELT</b>		2. DATE OF DEATH <b>1/19/51</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>MERCY HOSP</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE</b> <b>15-03</b>	
D. STREET ADDRESS (If rural, give location) <b>1815 THOMAS AVE</b>		5. SEX <b>M</b> 6. COLOR OR RACE <b>W</b> 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWER</b>	
8. DATE OF BIRTH <b>30 OCT 1872</b>		9. AGE (In years last birthday) <b>78</b> 10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>BALTD. TRANSIT WORKER</b>		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <b>MARYLAND</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>EBONEZER BELT</b>		14. MOTHER'S MAIDEN NAME <b>ARIETTA GREEN</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>UNK.</b>		16. SOCIAL SECURITY NO. <b>213-10-1567</b>	
17. INFORMANT <b>Mrs. Hester M. Johnson</b>		ADDRESS <b>1811 Thomas Av</b>	

MEDICAL CERTIFICATION

18. <b>443X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>ARTERIO SCLEROTIC HYPER-TENSIVE, CARDIOVASCULAR DISEASE &amp; DECOMPENSATION</b>		INTERVAL BETWEEN ONSET AND DEATH <b>8 YES</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>PNEUMONIA, RT. LUNG</b>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION <b>2</b>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <b>13 JAN 1951</b> , to <b>19 JAN 1951</b> , that I last saw the deceased alive on <b>19 JAN 1951</b> , and that death occurred at <b>150 P M.</b> , from the causes and on the date stated above.		
23A. SIGNATURE <b>Chas. R. Rast</b> M. D.	23B. ADDRESS <b>Mercy Hosp</b>	23C. DATE SIGNED <b>19 Jan 51</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>1-22-51</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Druid Ridge</b>
24D. LOCATION (City, town, or county) <b>Pikesville, Md.</b>		25. FUNERAL DIRECTOR <b>G. Howard Strong</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 22 1951</b>		ADDRESS <b>3207 W. North Ave.,</b>

19510000613

937

UNITED STATES DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION

NAME (Last, First, Middle Initial)		DATE OF BIRTH		PLACE OF BIRTH	
STREET ADDRESS		CITY		STATE	
CITY		STATE		ZIP	
EDUCATION		EMPLOYMENT		MILITARY SERVICE	
MARRIAGE		CHILDREN		PARENTS	
Siblings		Relatives		Associates	
Hobbies		Travel		Other	
References		Character References		Criminal Record	
Fingerprints		Photographs		Signature	
Comments		Remarks		Conclusion	

51 0615

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 0615  
Registered No.

BIRTH NO. 51-00941

1. NAME OF DECEASED  
(Type or Print)

BABY Boy "B" TYLER

2. DATE  
OF  
DEATH

January 12, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Hospital for Women of Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Parkville - 5300

D. STREET ADDRESS (If rural, give location)

1922 Wildwood Road

Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

—

8. DATE OF BIRTH

January 12, 1951

9. AGE (In years  
last birthday)

If Under 1 Year	If Under 24 Hours
Months: Days	Hours: Min.
	4 8

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

—

11. BIRTHPLACE (State or foreign country)

Baltimore - Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

William Edwin Tyler

14. MOTHER'S MAIDEN NAME

Margaret Virginia Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

—

—

16. SOCIAL SECURITY NO.

—

17. INFORMANT

ADDRESS

18. 760.0

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

CAUSE OF DEATH

Intrauterine

Subarachnoid hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

4 hr 8 min

Laceration of Tentorium Cerebelli 4 hr 8 min

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/12/51, 1951, to 1-12, 1951, that I last saw the deceased alive on 1/12, 1951, and that death occurred at 7:53 A.M., from the causes and on the date stated above.

23A. SIGNATURE

George Koopman

M. D.

23B. ADDRESS

Women's Hospital

23C. DATE SIGNED

1/13/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL

JAN 15 1951

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 22 1951

Huntington Williams

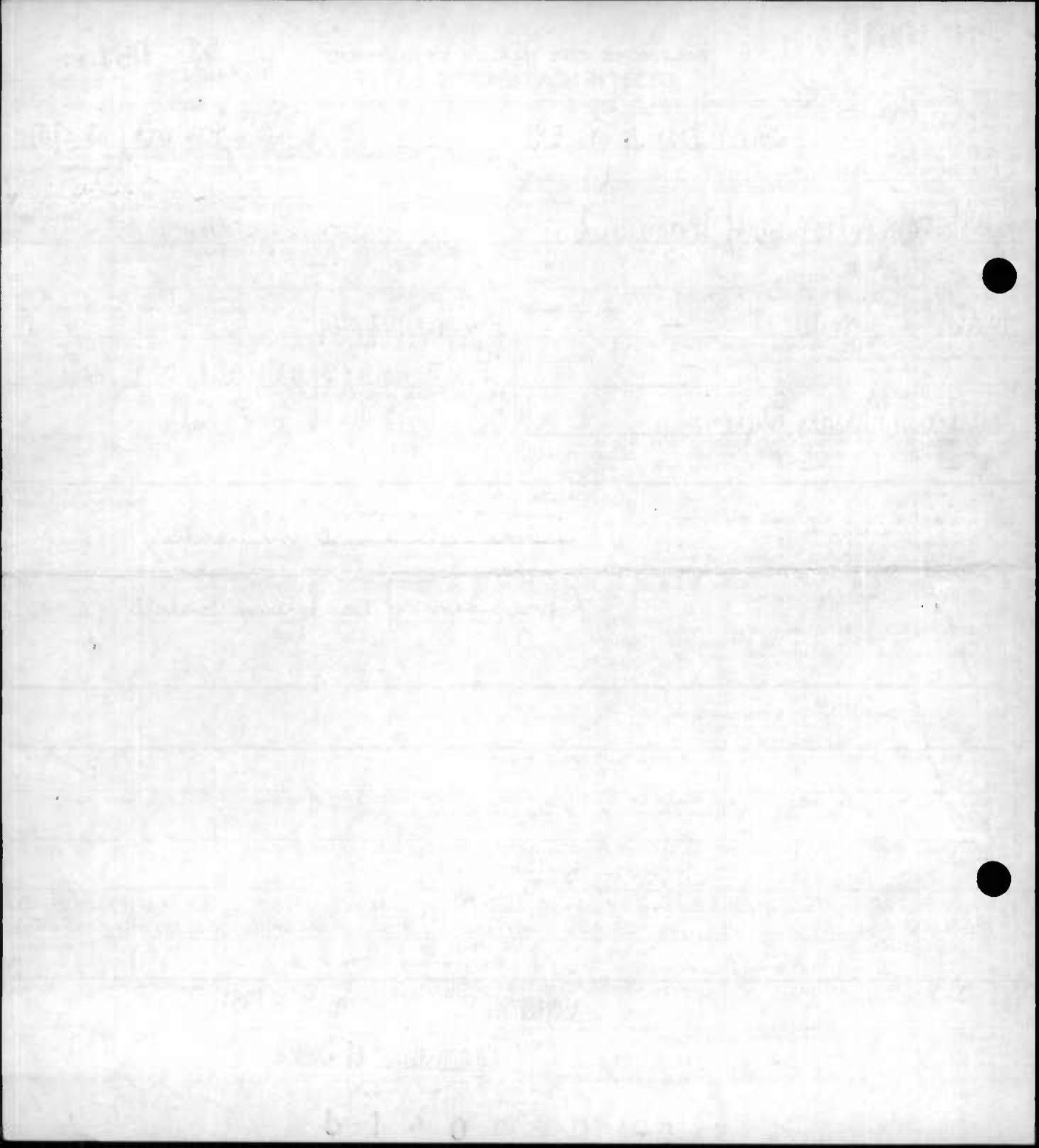
Commissioner of Health

VS 150

160a

1510000614

MEDICAL CERTIFICATION



230  
51 0616BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 0616  
Registered No.

BIRTH NO. 51-00876

1. NAME OF DECEASED  
(Type or Print)

Baby Boy West

2. DATE  
OF  
DEATH

January 14, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Sinai Hospital

Yrs.  
Mos.  
Days

Length of stay in Baltimore

7 hours.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

January 14, 1951

9. AGE (In years  
last birthday)If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

7

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

13. FATHER'S NAME

Harry Monroe West

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Alice Marie Govan, Box 415 A. R.F.D. 16 # 20

18. 776X  
DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Prematurity  
DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B)  
DUE TO  
(C)

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

7 hours

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-13, 1951, to 1-14, 1951, that I last saw the  
deceased alive on 1-14, 1951, and that death occurred at 6:30 A.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

51 0616

159

MEDICAL CERTIFICATION

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000



152  
51 0617

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0617  
Registered No.

BIRTH NO. 50-28877

1. NAME OF DECEASED (Type or Print) <u>Leroy Maybank</u>		2. DATE OF DEATH <u>1-3-51</u>	
3. PLACE OF DEATH: a. Baltimore City, Maryland <u>Balto.</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Md.</u> b. COUNTY <u>Balto City</u>	
b. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <u>University of Md. Hosp.</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Balto. 22-02</u>	
d. STREET ADDRESS (If rural, give location) <u>207 Penn St.</u>		e. <u>PENN ST.</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>C</u>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>S</u>		8. DATE OF BIRTH <u>12-23-50</u>	
9. AGE (in years last birthday) <u>12 days</u>		10. UNDER 1 Year Months: Days: Hours: Min.	
11. BIRTHPLACE (State or foreign country) <u>Balto</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>?</u>		14. MOTHER'S MAIDEN NAME <u>Wilhemina Maybank</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u></u>	
17. INFORMANT <u>mother</u>		ADDRESS <u>207 Penn St.</u>	

18. 776 X I CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) (A) <u>prematurity</u> DUE TO			
ANTECEDENT CAUSES (B) <u></u> DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) <u></u>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <u>birth wt 3lbs</u>			

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>12-23</u> , 19 <u>50</u> , to <u>1-3</u> , 19 <u>51</u> that I last saw the deceased alive on <u>1-2</u> , 19 <u>51</u> , and that death occurred at <u>9 a</u> m., from the causes and on the date stated above.					
23A. SIGNATURE <u>James V. Minor</u>		23B. ADDRESS <u>University Hosp.</u>		23C. DATE SIGNED <u>1-4-51</u>	

24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR <u>JAN 22 1951</u>		REGISTRAR'S SIGNATURE <u>William</u>		25. FUNERAL DIRECTOR <u>Commissioner of Health</u>		ADDRESS	

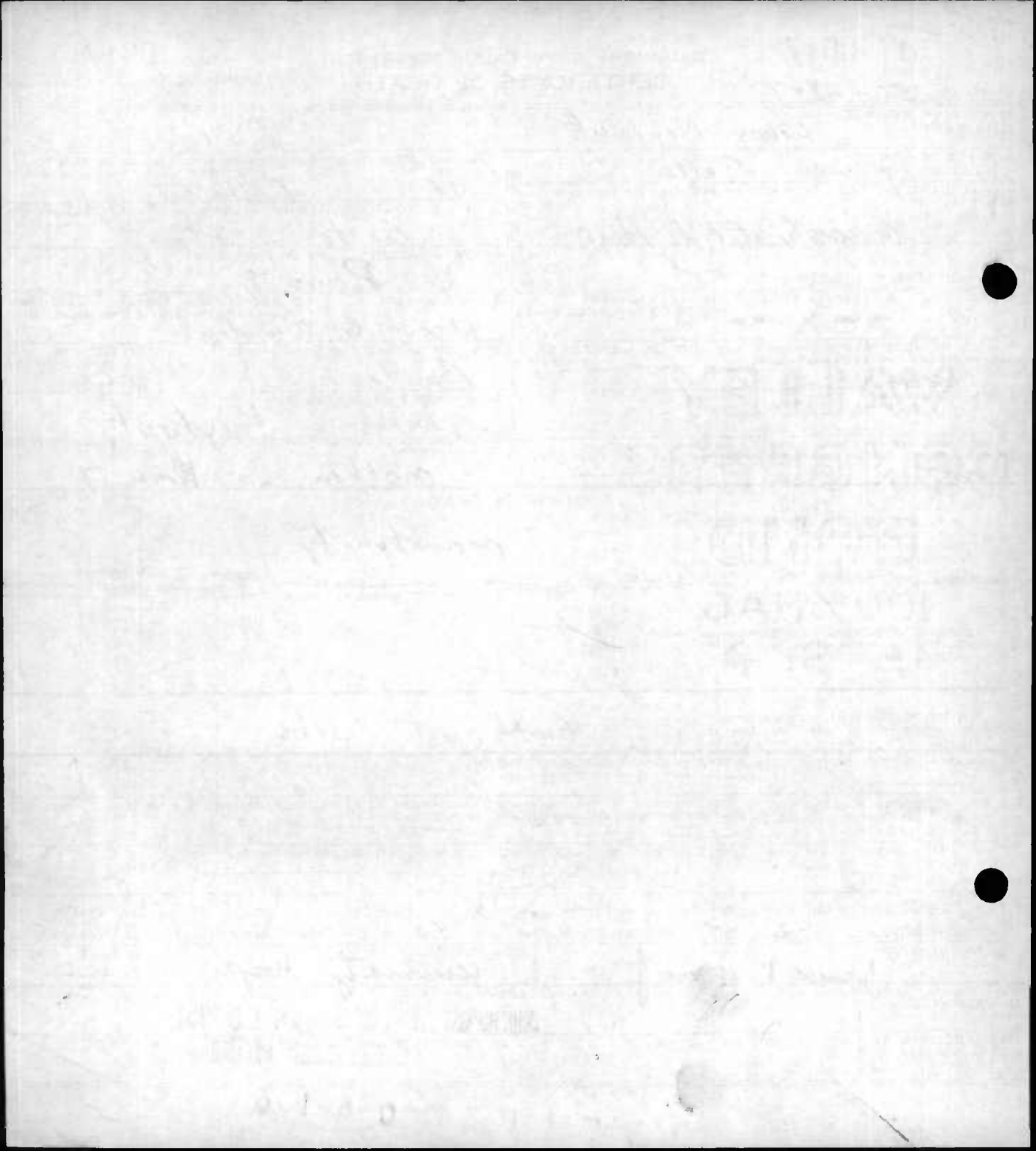
JOHN HOPKINS MEDICAL SCHOOL JAN 15 1951

15510000616

159

MEDICAL CERTIFICATION





500  
51 0618

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 0618

BIRTH NO.

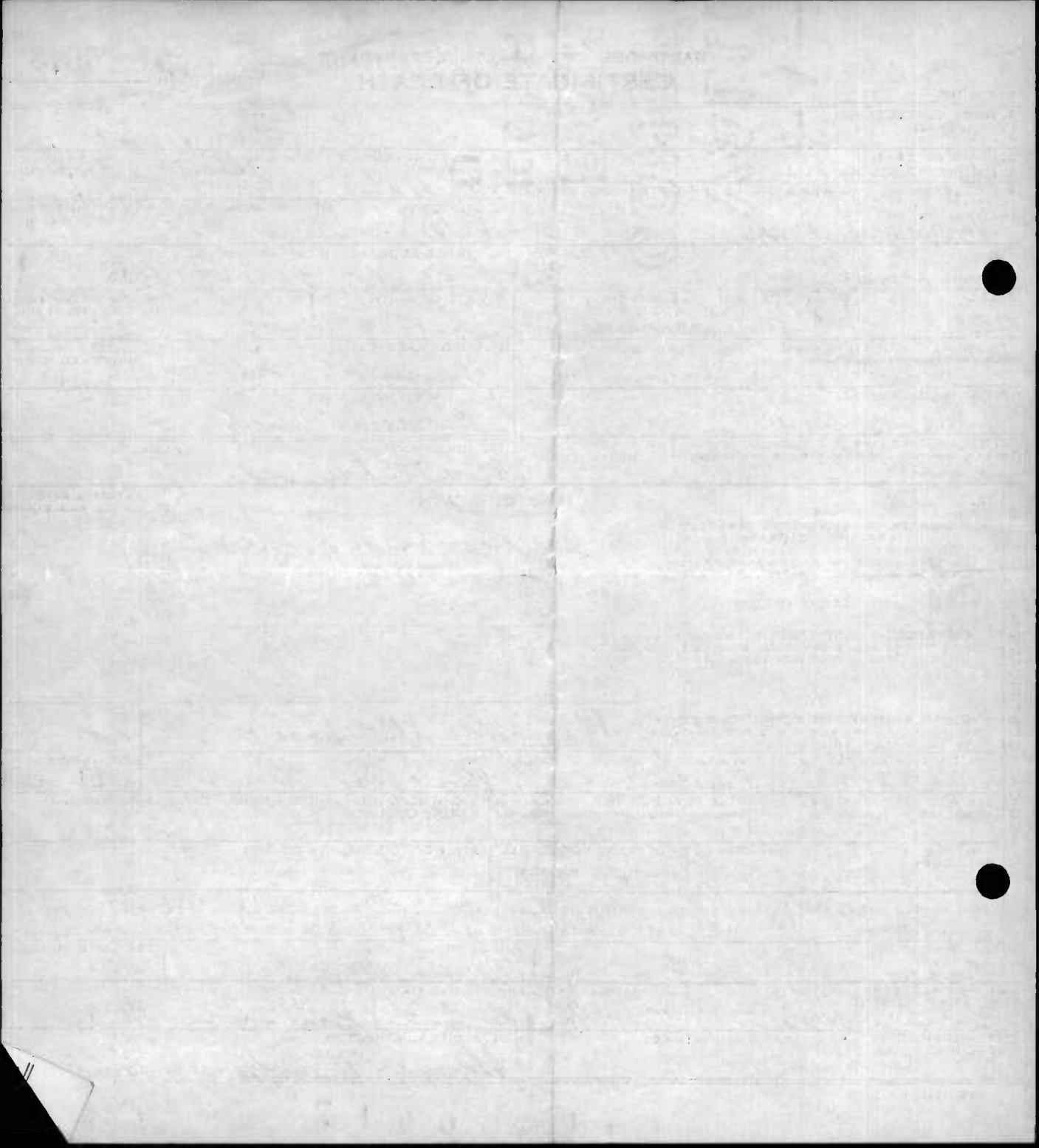
1. NAME OF DECEASED (Type or Print) <b>JACOB SANN</b>		2. DATE OF DEATH <b>(1-18-51)</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>26-08</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>MERCY HOSPITAL</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
D. STREET ADDRESS (If rural, give location) <b>3742 Mt Pleasant Ave</b>		72 Yrs. <b>Mar. Days</b>	
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>Jan 17, 1878</b>	
9. AGE (In years last birthday) <b>72</b>		10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>unknown</b>	
11. BIRTHPLACE (State or foreign country) <b>Baltimore Md.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>LEWIS SANN</b>		14. MOTHER'S MAIDEN NAME <b>Catherine Lang</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>unknown</b>		16. SOCIAL SECURITY NO. <b>?</b>	
17. INFORMANT <b>Hospital Records</b>		ADDRESS	

MEDICAL CERTIFICATION

18. <b>157X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>(A) Carcinoma of pancreas</b> DUE TO		INTERVAL BETWEEN ONSET AND DEATH <b>3 months</b>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>(B)</b> DUE TO				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>(C) Pneumonia (Rt base)</b>				
19A. DATE OF OPERATION <b>12-22-50</b>		19B. MAJOR FINDINGS OF OPERATION <b>Carcinoma of Pancreas</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <b>Dec. 64</b> , 1950, to <b>Jan 18</b> , 1951, that I last saw the deceased alive on <b>Jan 18</b> , 1951, and that death occurred at <b>7:45 pm.</b> , from the causes and on the date stated above.				
23A. SIGNATURE <b>Frank S. Culkin</b>		23B. ADDRESS <b>Mercy Hospital</b>		23C. DATE SIGNED <b>1-18-51</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>1/22/51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Park Hill Cmt.</b>
24D. LOCATION (City, town, or county) (State) <b>Baltimore, Md.</b>		25. FUNERAL DIRECTOR <b>Clarence F. Hoffmann</b>		
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 22 1951</b>		REGISTRAR'S SIGNATURE <b>Thurston Williams</b>		ADDRESS <b>1659 Broadway</b>

19510000617

469



652  
51 0619

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0619  
Registered No.

1. NAME OF DECEASED (Type or Print) <b>BLANCH. L BARNES</b>			2. DATE OF DEATH <b>JAN 20-1951</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>BALTO MD</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE _____ B. COUNTY _____		
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>217 E GRINDALL ST</b>			6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE MD</b>		
7. STREET ADDRESS (If rural, give location) <b>217 E GRINDALL ST</b>			8. DATE OF BIRTH <b>NOV-11-1890</b>		
9. LENGTH OF stay in Baltimore <b>LIFE TIME</b>			9. AGE (in years last birthday) <b>60</b>		
10. SEX <b>FEM</b>			10. Under 1 Year Months: Days <b>2 9</b>		
11. COLOR OR RACE <b>WHITE</b>			11. Under 24 Hours Hours Min. <b>9</b>		
12. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOW</b>			12. BIRTHPLACE (State or foreign country) <b>BALTIMORE MD</b>		
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE WORK</b>			13. KIND OF BUSINESS OR INDUSTRY <b>AT HOME.</b>		
14. FATHER'S NAME <b>FRANK I HEDRIEK.</b>			14. MOTHER'S MAIDEN NAME <b>ANNA MAY BROWN</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <b>FRANKLIN BARNES</b>			17. ADDRESS <b>TOWNSON ST</b>		

18. <b>420.1 I</b>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <b>Coronary Heart disease</b>		<b>one week</b>	
ANTECEDENT CAUSES		(B) <b>Chronic myocarditis 1 year with arteriosclerosis</b>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) <b>Valvular Heart disease</b>		<b>1 year</b>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>January, 1950</b> , to <b>January 1951</b> , that I last saw the deceased alive on <b>Jan 24, 1951</b> , and that death occurred at <b>9:30 P.M.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Isaac Miller</b>		23B. ADDRESS <b>1228 Charles ST</b>		23C. DATE SIGNED <b>1/22/51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24B. DATE <b>JAN-24-51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>ST MARY'S CEMETERY</b>	
24D. LOCATION (City, town, or county) (State) <b>HAMPTON BALTO CITY MD</b>		25. FUNERAL DIRECTOR <b>Bernard G. Harle</b>		25. ADDRESS <b>121 E West St</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 22 1951</b>		REGISTRAR'S SIGNATURE <b>Frederick W. Williams</b>			



263

0620

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0620

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Katherine McCarthy

2. DATE  
OF  
DEATH

1/20/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore, Md.

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

1803 Linden Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE  
Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1803 Linden Avenue

Length of stay in Baltimore

About 99

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

9. AGE (In years  
last birthday)

About 99

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

John McCarthy

14. MOTHER'S MAIDEN NAME

Not obtainable

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

D. H. Sheppard 6911 Bellona Avenue

18. 334X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

Myocardial Infarction.

INTERVAL BETWEEN  
ONSET AND DEATH

1 year

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) DUE TO  
(C)

Cerebral Arteriosclerosis

1 year

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

22. I hereby certify that I attended the deceased from Jan 1st, 1949, to Jan 20th, 1951, that I last saw the deceased alive on Jan 20th, 1951, and that death occurred at 6:00 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

1/23/51

Green Mount

Baltimore, Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 22 1951

Wm. W. Meacham

Wm. W. Meacham and Son 805 N. Calver St.

VS-150

19510000612

93D

MEDICAL CERTIFICATION



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420

51 0621

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0621

Registered No.

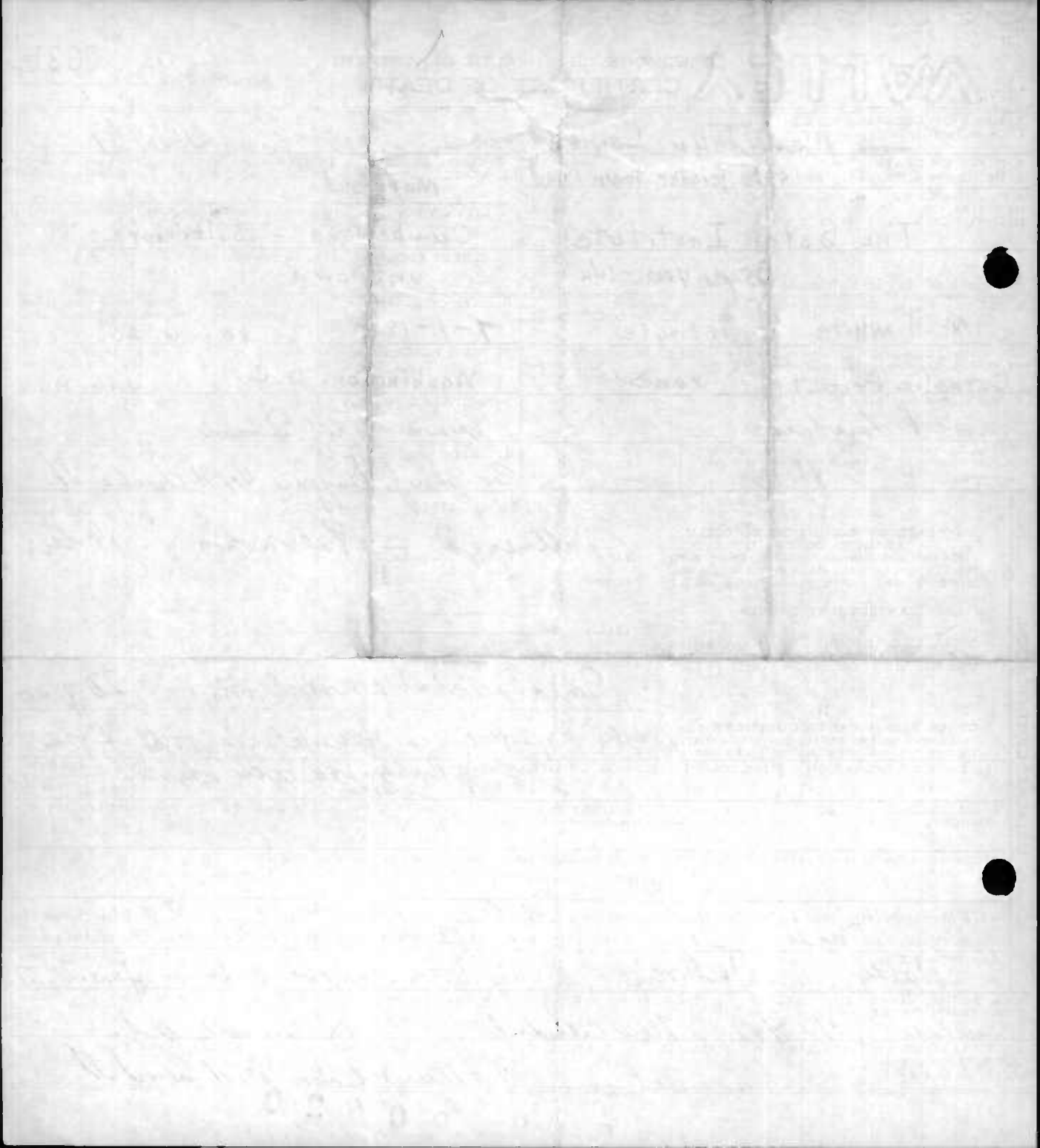
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Rev. John Lawless</i>		2. DATE OF DEATH <i>11/21/51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>6420 Reisterstown Road</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Allegheny</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <i>The Seton Institute</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Cumberland - Baltimore</i>	
C. Length of stay in Baltimore <i>15 yrs. 4 mo. - 1 da</i>		D. STREET ADDRESS (If rural, give location) <i>unknown</i>	

5. SEX <i>M</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>7-1-1870</i>	9. AGE (In years last birthday) <i>80</i>	10. Under 1 Year Months: <i>6</i> Days: <i>20</i>	11. Under 24 Hours Hours: <i>14</i> Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Catholic Priest</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>none</i>		11. BIRTHPLACE (State or foreign country) <i>Washington, D. C.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>
13. FATHER'S NAME <i>Robert Lawless</i>		14. MOTHER'S MAIDEN NAME <i>Ann Fitz Simone</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Rev. John J. Duggan 408 N. Charles St.</i>				

18. <i>480X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Influenza + Pneumonia</i>		CAUSE OF DEATH (A) <i>Influenza + Pneumonia</i>		INTERVAL BETWEEN ONSET AND DEATH <i>14 days</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>General + cerebral arteriosclerosis, + arter. Hypertension + Hemiplegia, right</i>		(B) <i>General + cerebral arteriosclerosis, +</i>		<i>20 years</i>	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>arter. Hypertension + Hemiplegia, right</i>		(C) <i>arter. Hypertension + Hemiplegia, right</i>		<i>2 years</i>	

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION <i>+ Psychomotor + cereb. arteri-sclerosis</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Sept.</i> , 19 <i>36</i> , to <i>Jan. 21</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>Jan 21</i> , 19 <i>51</i> , and that death occurred at <i>12 noon</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Walter O. Jakubowski</i>		23B. ADDRESS <i>The Seton Institute Baltimore</i>		23C. DATE SIGNED <i>Jan. 4, 51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>11/23/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>New Cathedral</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>		25. FUNERAL DIRECTOR ADDRESS <i>H. H. Moore &amp; Son - 805 N. Calvert St.</i>			



45 51 0622

51 0622

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>George Newlands</b>			2. DATE OF DEATH <b>1/6/51</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY _____		
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>University Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 17-01</b>		
6. LENGTH OF stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <b>510 W. Mulberry St.</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>U</b>	8. DATE OF BIRTH <b>U</b>	9. AGE (In years last birthday) <b>87</b>	10. Under 1 Year Months _____ Days _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) <b>K</b>		
10B. KIND OF BUSINESS OR INDUSTRY <b>K</b>			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <b>N</b>			14. MOTHER'S MAIDEN NAME <b>O</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <b>N</b>		
17. INFORMANT <b>N</b>			ADDRESS		

18. <b>446X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Generalized Arteriosclerosis with Uremia due to Renal Arteriosclerosis</b>	CAUSE OF DEATH (A) <b>Generalized Arteriosclerosis with Uremia due to Renal Arteriosclerosis</b> (B) _____ (C) _____	INTERVAL BETWEEN ONSET AND DEATH _____
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>1/7/51</b>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE <b>R. Fisher</b>	23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/> M.D.	23C. DATE SIGNED <b>1/7/51</b>
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY <b>JOHN HOPKINS MEDICAL SCHOOL</b>
24D. LOCATION (City, town, or county)		24E. (State)

DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 22 1951</b>	REGISTRAR'S SIGNATURE <b>William M. Williams</b>	25. FUNERAL DIRECTOR <b>Commissioner of Health</b>	ADDRESS
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145  
0623

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 0623

1. NAME OF DECEASED (Type or Print) <b>JAMES COPELAND</b>		2. DATE OF DEATH <b>JAN 20, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>OSL-2</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY <b>Walt</b>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>JONES HOPKINS HOSPITAL</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE</b> <i>Walden Ave</i>	
D. STREET ADDRESS (If rural, give location) <b>932 BENJIES Rd.</b> <b>5300</b>			
6. LENGTH OF STAY IN BALTIMORE		8. DATE OF BIRTH <b>9-23-05</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>COLORED</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	9. AGE (in years last birthday) <b>45</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Concrete setter</b>	
11. BIRTH PLACE (State or foreign country) <b>Marwick W. Va</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>Henry Copeland</b>		14. MOTHER'S MAIDEN NAME <b>Jusan Ash</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>JONES HOPKINS HOSPITAL</b>		ADDRESS	

1B. <b>180X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Carcinomatosis</b> DUE TO		INTERVAL BETWEEN ONSET AND DEATH <b>7</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Hypernephroma</b> DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>1-21-51</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>11-8-1950</b> , to <b>1-20-1951</b> , that I last saw the deceased alive on <b>1-20-1951</b> , and that death occurred at <b>4:20 p.m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>James J. Walsh</b> M.D.		23B. ADDRESS <b>JONES HOPKINS HOSPITAL</b>		23C. DATE SIGNED <b>1-21-51</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE <b>Jan. 22, 1951</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Family Lot</b>	24D. LOCATION (City, town or county) (State) <b>Wentworth, Marwick W. Va</b>		
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 22 1951</b>		REGISTRAR'S SIGNATURE <b>Wilmington Williams, Jr.</b>		25. FUNERAL DIRECTOR <b>W. Halland Funeral Home</b> ADDRESS <b>1631 Grand Hill Ave.</b>	

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MEDICAL CERTIFICATION

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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

51 0624

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>JAMES I. MURPHY, SR.</b>		2. DATE OF DEATH <b>Jan 21, 1951</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>1906 Oakhill Avenue</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
D. LENGTH OF stay in Baltimore Yrs. _____ Mos. _____ Days _____		E. STREET ADDRESS (If rural, give location) <b>1906 Oakhill Avenue</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>1897</b>
9. AGE (In years last birthday) <b>54</b>		10. Under 1 Year Months: _____ Days: _____ 11. Under 24 Hours Hours: _____ Min: _____	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Bookkeeper</b>		10B. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <b>Baltimore, Md.</b>		12. CITIZEN OF WHAT COUNTRY? _____	
13. FATHER'S NAME <b>Jerome T. Murphy</b>		14. MOTHER'S MAIDEN NAME <b>Hannah Fenton</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	
17. INFORMANT <b>Miss Anna Murphy, 1906 Oakhill Avenue</b>		ADDRESS _____	

18. <b>581.0</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Chronic glomerulo-nephritis</b> (A) _____		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Cirrhosis of the liver</b> (B) _____ DUE TO _____ (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <b>Stanley H. Dumlaker M.D.</b>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED <b>Jan 21, 1951</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24B. DATE <b>1-24-51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>CATHEDRAL CEM</b>	
24D. LOCATION (City, town, or county) <b>CITY</b>		24E. STATE <b>Md.</b>		25. FUNERAL DIRECTOR <b>Wickfield &amp; Sons</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 22 1951</b>		REGISTRAR'S SIGNATURE <b>William J. Williams</b>		ADDRESS _____	

MEDICAL CERTIFICATION





**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

51 0625  
Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <i>Magdalene Lang</i>			2. DATE OF DEATH <i>1-19-51</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland Md. Gen. Hosp.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Balto.</i>		
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>MARYLAND GENERAL Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto.</i>		
6. Length of stay in Baltimore <i>45</i> Yrs. <del>Days</del>			D. STREET ADDRESS (If rural, give location) <i>4952 Edgemere Ave.</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, <u>WIDOWED</u> DIVORCED (Specify)	8. DATE OF BIRTH <i>Sept. 22, 1875</i>		9. AGE (in years last birthday) <i>75</i>
10A. USUAL OCCUPATION (Give kind of work done during most of worklog life, even if retired) <i>housewife</i>			11. BIRTHPLACE (State or foreign country) <i>Yugoslavia</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>Joseph Ruff</i>			14. MOTHER'S MAIDEN NAME <i>Sophie</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>NO</i>		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Miss Marie Lang, 4952 Edgemere Ave</i>	

18. *E903.01* DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  
CAUSE OF DEATH *Paralytic Ileus* (A) \_\_\_\_\_  
DUE TO \_\_\_\_\_

INTERVAL BETWEEN ONSET AND DEATH  
*24 hrs.*

**ANTECEDENT CAUSES**

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  
(B) *Fracture left arm & leg*  
DUE TO \_\_\_\_\_  
(C) \_\_\_\_\_

CERTIFICATION APPROVED BY  
*William H. Wood*

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  
*Cardiac Catheter*

CHIEF OR ASST. MEDICAL EXAMINER  
*6 yrs*

19A. DATE OF OPERATION <i>1-16-51</i>		19B. MAJOR FINDINGS OF OPERATION <i>Fracture left hip</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>at home</i>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <i>4952 Edgemere Ave.</i>	
21D. TIME (Month) (Day) (Year) (Hour) <i>1-14-51 7:30 A. m.</i>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <i>Slipped and fell on floor</i>	

22. I hereby certify that I attended the deceased from *1-14*, 19*51*, to *1-19*, 19*51*, that I last saw the deceased alive on *1-19*, 19*51*, and that death occurred at *9 P. m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>A. Weber</i>	23B. ADDRESS <i>Md. Gen. Hosp.</i>	23C. DATE SIGNED <i>1-19-51</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>1/23/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Louisa Park</i>	24D. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>
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DATE RECEIVED BY LOCAL REGISTRAR <i>1-22-1951</i>	REGISTRAR'S SIGNATURE <i>William H. Wood</i>	25. FUNERAL DIRECTOR ADDRESS <i>Wm Bok Inc. 1217 St. Paul St.</i>
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MEDICAL CERTIFICATION

Medical Examiner  
instructs undertaker  
to have certificate  
approved  
H. G. Weber, M.D.

M-250  
51 0626

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0626  
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Joseph MASON		2. DATE OF DEATH January 19, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) 1113 Briscoe St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 31-01			
D. STREET ADDRESS (If rural, give location) 1113 Briscoe St.		E. LENGTH OF STAY IN BALTIMORE Life			
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1908 6-15-1915	9. AGE (In years last birthday) 42	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY Labor		11. BIRTHPLACE (State or foreign country)	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Not none		14. MOTHER'S MAIDEN NAME Not none	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Martha Mason 527 W. 2nd St.	
18. 490x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH (A) Lobar Pneumonia DUE TO		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES (B) DUE TO		(C) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE Stanley H. Dunleavy M.D.		23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR		23C. DATE SIGNED Jan. 20, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 1-22-51		24C. NAME OF CEMETERY OR CREMATORY Mt Cal Cem.	
24D. LOCATION (City, town, or county) Brooklyn Ind.		24E. FUNERAL DIRECTOR Elroy O Wilson		24F. ADDRESS 1000 Brooklyn	
DATE RECEIVED BY LOCAL REGISTRAR JAN 22 1951		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS	

CERTIFICATE OF DEATH

CAUSE OF DEATH

Heart failure, secondary to  
arteriosclerosis, and  
hypertension.

Age 72 years

Male, white, married,  
born in New York City.

Residence 1234 Main St.,  
New York City.

Occupation Retired

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S-362

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0627

Registered No.

BIRTH NO. 51 0627		1. NAME OF DECEASED (Type or Print) CHARLES STARKES		2. DATE OF DEATH January 17, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY C. CITY OR TOWN Baltimore 10-02		D. STREET ADDRESS (If rural, give location) 713 N. Central Ave	
5. LENGTH OF STAY IN BALTIMORE 20 yrs		6. DATE OF BIRTH 3-18-1900		7. AGE (In years last birthday) 50	
5. SEX Male		6. COLOR OR RACE Colored		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	
8. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		9. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Laborer		10. KIND OF BUSINESS OR INDUSTRY	
10A. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Georgia	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Unknown		14. MOTHER'S MARDEN NAME Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT George Brown 1410 E Biddle St	

18. 550.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		(A) Acute coronary insufficiency precipitated by transfusion reaction due to bilateral subphrenic abscesses, intra-hepatic abscess, intrasplenic abscess, pelvic abscess due to ruptured appendix			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C)			

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE R. B. Fisher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED Jan. 19, 1951	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 1-22-51		24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem A.A.W.	
24D. LOCATION (City, town, or county) Md		24E. DATE RECEIVED BY LOCAL REGISTRAR		24F. REGISTRAR'S SIGNATURE	
24G. DATE RECEIVED BY LOCAL REGISTRAR		24H. REGISTRAR'S SIGNATURE		24I. FUNERAL DIRECTOR	
24J. ADDRESS		24K. ADDRESS		24L. ADDRESS	

VS JAN 22 1951

97099

1412 E. Preston St

MEDICAL CERTIFICATION





N-242  
51 0628BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 0628  
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Thos. Christopher Nichols</i>		2. DATE OF DEATH Jan. 20, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Anne Arundel</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Home for Incapables</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Annapolis</i>	
C. Length of stay in Baltimore <i>6 mo 2</i> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>West Street 5210</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>single</i>	8. DATE OF BIRTH <i>May 20, 1979</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>carpentry</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Arundel Laundry</i>	9. AGE (in years last birthday) <i>71</i>
11. BIRTHPLACE (State or foreign country) <i>Maryland, U.S.A.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Thomas Christopher Nichols</i>		14. MOTHER'S MAIDEN NAME <i>Alice Nichols</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>100-3-10000-1000</i>	
17. INFORMANT <i>Mrs. Mary Gayman</i>		ADDRESS <i>Annapolis Md</i>	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>420.1 and 141X</i> <i>Coronary Sclerotic Heart Disease</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1948</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Carcinoma of Tongue</i>		<i>1947</i>	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Abuse of Lip (Vascular Sclerosis)</i>		<i>6 years</i>	
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY <i>Nov 12, 1944 to 1/20, 1951</i>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR? <i>8:30 p.m.</i>			
22. I hereby certify that I attended the deceased from <i>Nov 12, 1944 to 1/20, 1951</i> that I last saw the deceased alive on <i>1/20, 1951</i> and that death occurred at <i>8:30 p.m.</i> from the causes and on the date stated above.			
23A. SIGNATURE <i>W. Grafton Hershey</i>		23B. ADDRESS <i>214 Medical Art Bldg</i>	
23C. DATE SIGNED <i>1/20/50</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>1/23/51</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Cedar Bluff Cem</i>		24D. LOCATION (City, town, or county) (State) <i>Annapolis Md.</i>	
25. FUNERAL DIRECTOR <i>E. M. Lamoreau</i>		ADDRESS <i>1003 West Baltimore St.</i>	

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C-425  
51 0629BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 0629  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Charles Collison</i>		2. DATE OF DEATH Jan. 20, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>Cine Ridge Nursing Home</i> <i>4763 Hampnett Ave</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>26-02</i>	
Length of stay in Baltimore <i>25</i> Yrs. <i>Mo</i> <i>Days</i>		D. STREET ADDRESS (If rural, give location) <i>4209 Raymar Ave.</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>April 28, 1866</i>
9. AGE (In years last birthday) <i>84 yrs</i>		10. UNDER 1 Year Months: Days: Hours: Min.	11. BIRTHPLACE (State or foreign country) <i>Anne Arundel Co., Md.</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Lighthouse General Helper</i>	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME <i>Mr. Collison</i>	
14. MOTHER'S MAIDEN NAME <i>Unknown</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>	
16. SOCIAL SECURITY NO. <i>No</i>		17. INFORMANT ADDRESS <i>Mrs. Mary Rupp, 1634 E. 30th St.</i>	

18. <i>4722</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Acute Cardiac Dilatation</i> DUE TO <i>Ch. Myocarditis</i> DUE TO <i>Ch. Myocarditis</i> DUE TO <i>Ch. Myocarditis</i>	CAUSE OF DEATH <i>Acute Cardiac Dilatation</i> <i>Ch. Myocarditis</i> <i>Ch. Myocarditis</i>	INTERVAL BETWEEN ONSET AND DEATH <i>8 hrs</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

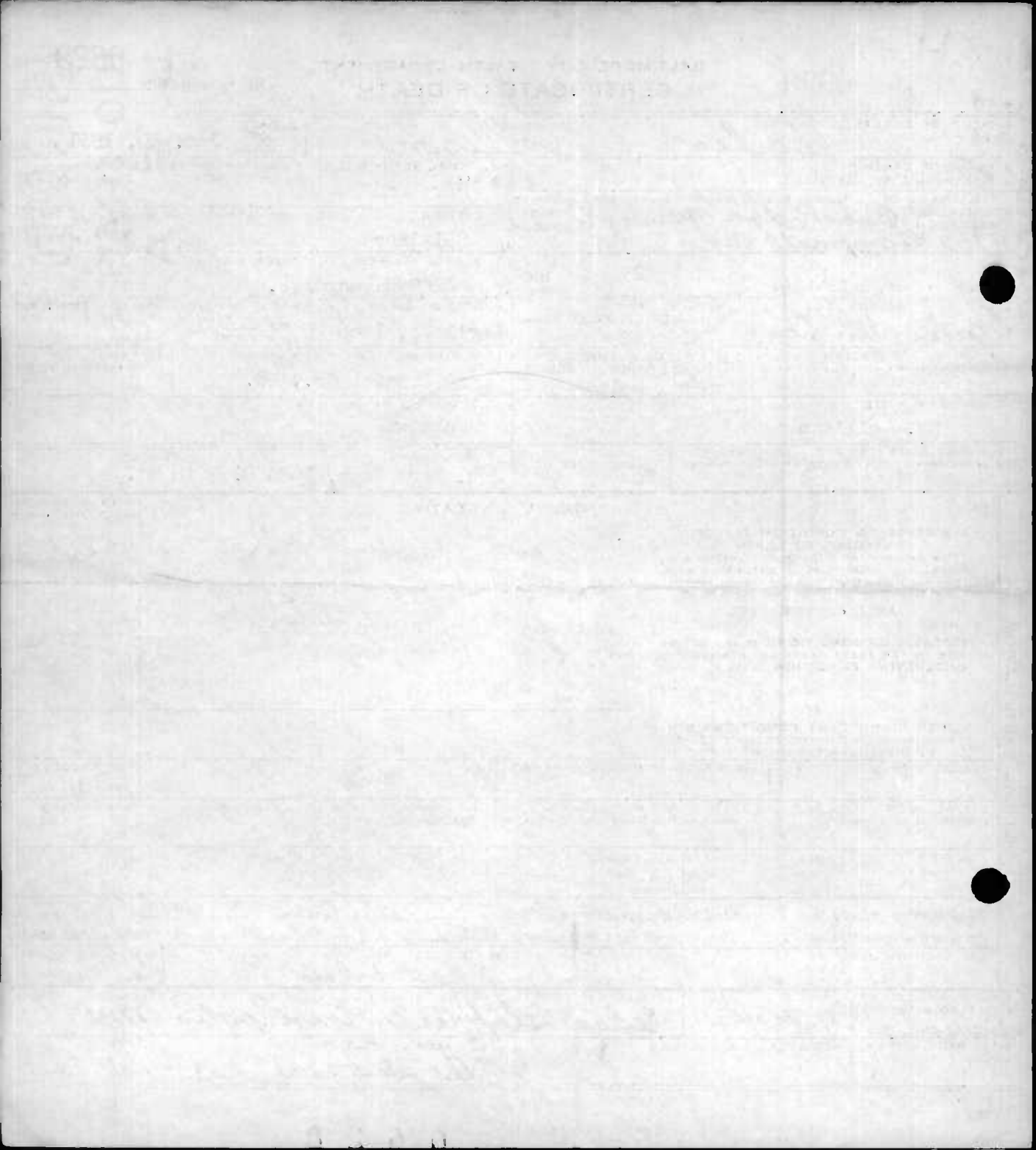
22. I hereby certify that I attended the deceased from *May*, 19*45*, to *Jan 20*, 1951, that I last saw the deceased alive on *Jan 20*, 1951, and that death occurred at *11 45* m., from the causes and on the date stated above.

23A. SIGNATURE <i>Dr. Harding</i>	23B. ADDRESS <i>3805 Belair Rd</i>	23C. DATE SIGNED <i>Jan 21/51</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>1/23/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Cedar Bluff Cem</i>
24D. LOCATION (City, town, or county) (State) <i>Annapolis Md.</i>	24E. FUNERAL DIRECTOR <i>Mollis Laworran</i>	24F. ADDRESS <i>1003 N. Baltimore St.</i>
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE <i>William Williams</i>	

JAN 27 1951

1951 00000628

937



0630

BIRTH NO.

## BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

51 0630

Registered No.

1. NAME OF DECEASED  
(Type or Print)

aquilla

Aquilla

Freeman

2. DATE  
OF  
DEATH

Jan. 20, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18. 442X I

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Hypertensive cardio-vascular-  
renal disease

4 years

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

(C) DUE TO

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., In or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐22. I hereby certify that I attended the deceased from June, 1945, to Jan 20, 1951, that I last saw the  
deceased alive on Jan 20, 1951, and that death occurred at 7:20 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 22 1951

Huntington Williams

Charles R. Law, 802 Madison Ave

0330

WATLEY

REPUBLICAN OF DEATH

*[Faint, mostly illegible handwritten text follows, appearing to be a list or series of entries.]*







①

CERTIFICATE OF DEATH

WILMINGTON CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

(10)

350  
51 0632  
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 0632

1. NAME OF DECEASED (Type or Print) <b>WILBERT</b>		2. DATE OF DEATH <b>January 18, 1951</b>	
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>University Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write R.U.I.A. and give township) <b>Baltimore</b>	
length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>217 N. Pine St.</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>1/17/1915</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Stevedore</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Coal Pier</b>	9. AGE (In years last birthday) <b>36</b>
13. FATHER'S NAME <b>Samuel Needum</b>		11. BIRTHPLACE (State or foreign country) <b>Va.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
16. SOCIAL SECURITY NO. <b>218-03-0671</b>		17. INFORMANT ADDRESS <b>Eleanor Dunn(S) 721 W. Mulberry St</b>	
18. <b>002X</b>		19. <b>002X</b>	

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Pulmonary tuberculosis**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE <i>William J. Smith</i>		23B. CHIEF MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23C. DATE SIGNED <b>Jan. 18, 1951</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>1/22/51</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Mt. Calvary</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 22 1951</b>		REGISTRAR'S SIGNATURE <i>William J. Smith</i>		25. FUNERAL DIRECTOR <i>Chas. G. Cooper</i>	
				ADDRESS <b>512 N. Carrollton Ave</b>	

940 55

12B ✓

2

362  
51 0633

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 0633

1. NAME OF DECEASED (Type or Print) <b>JOSEPH PETERS</b>		2. DATE OF DEATH <b>January 15, 1951</b>	
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Provident Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
D. STREET ADDRESS (If rural, give location) <b>603 Collett Street</b>		E. LENGTH OF STAY IN BALTIMORE <b>10 yr.</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Feb, 14, 1907</b>
9. AGE (In years last birthday) <b>43</b>		10. UNDER 1 Year Months Days	
11. UNDER 24 Hours Hours Min.		12. CITIZEN OF WHAT COUNTRY?	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Doctor</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Pool Room</b>	
13. FATHER'S NAME <b>John Peters</b>		14. MOTHER'S MAIDEN NAME <b>Agnes</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Wm. Clarke</b>		ADDRESS <b>530 Sanford Place</b>	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Intracerebral hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Hypertensive cardiovascular disease</b>		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>Stanley H. Ouellette</i>	23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>	23C. DATE SIGNED <b>Jan. 15, 1951</b>
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE <b>1/24/51</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Mount Auburn</b>
24D. LOCATION (City, town, or county) (State) <b>Baltimore Md</b>	25. FUNERAL DIRECTOR <i>Charles H. Giffen</i>	ADDRESS <b>755 Sweeting St</b>



500  
51 0634

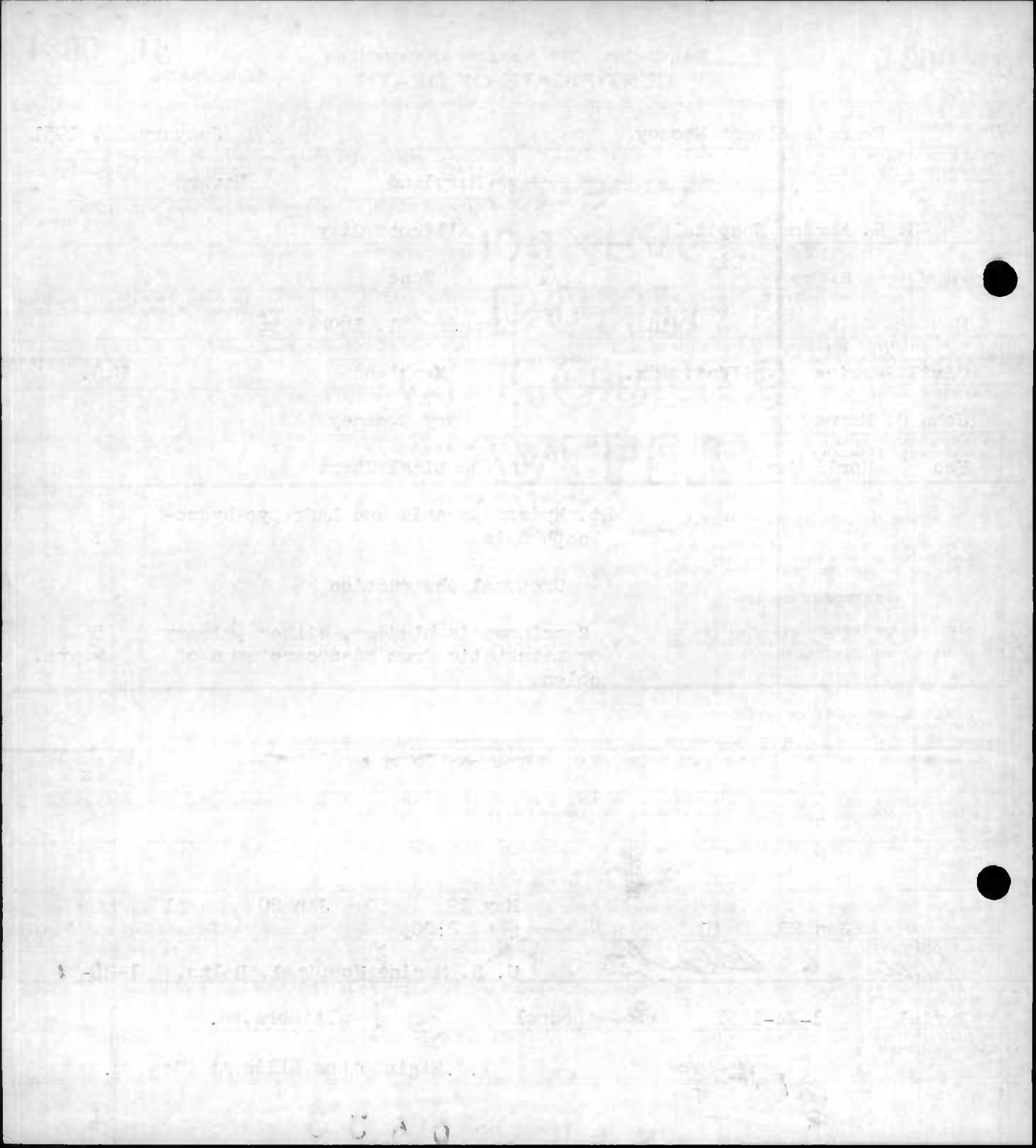
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0634  
Registered No.

BIRTH NO.		2. DATE OF DEATH January 20, 1951	
1. NAME OF DECEASED (Type or Print) Francis Albert Mooney			
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Howard	
5. FULL NAME OF HOSPITAL OR INSTITUTION U. S. Marine Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ellicott City	
6. LENGTH OF STAY IN BALTIMORE Six		D. STREET ADDRESS (If rural, give location) None	
7. SEX M	8. COLOR OR RACE W	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Wid	10. DATE OF BIRTH January 21, 1894
11. AGE (in years last birthday) 56		12. AGE (in years last birthday) 56	
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Civil Service		14. KIND OF BUSINESS OR INDUSTRY Vet. Adm.	
15. BIRTHPLACE (State or foreign country) Maryland		16. CITIZEN OF WHAT COUNTRY? U.S.	
17. FATHER'S NAME John D. Mooney		18. MOTHER'S MAIDEN NAME Mary Sweeney	
19. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) Yes World War I		20. SOCIAL SECURITY NO. ?	
21. INFORMANT Hospital Chart		22. ADDRESS	

18. 153X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Rt. Hydronephrosis and Left pyo-hydro-nephrosis (A) DUE TO Ureteral Obstruction (B) DUE TO Carcinoma in bladder, either primary or metastatic from adenocarcinoma of colon. (C) DUE TO		INTERVAL BETWEEN ONSET AND DEATH ? ? 5 yrs.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from May 29, 1950 to Jan 20, 1951, that I last saw the deceased alive on Jan 20, 1951, and that death occurred at 2:00 p.m., from the causes and on the date stated above.				
23A. SIGNATURE Roger L. Black		23B. ADDRESS U. S. Marine Hospital, Balto.		23C. DATE SIGNED 1-20-51
24A. BURIAL OR CREMATION, REMOVAL (Specify) Burial	24B. DATE 1-24-1951	24C. NAME OF CEMETERY OR CREMATORY New Cathedral	24D. LOCATION (City, town, or county) Baltimore, Md.	(State)
DATE RECEIVED BY LOCAL REGISTRAR APR 22 1951		REGISTRAR'S SIGNATURE Huntington Williams, Jr.		25. FUNERAL DIRECTOR F.C. Higinbotham, Ellicott City, Md.





# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **51 0635**

**300**  
**0635**  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>MRS. VERA I. WOODY</b>			2. DATE OF DEATH <b>1-21-1957</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>		
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. Agnes Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
6. LENGTH OF stay in Baltimore			D. STREET ADDRESS (If rural, give location) <b>1932. Main St</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>OCT 1 - 1906</b>		9. AGE (In years last birthday) <b>50</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Baltimore Md</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>James Cassada</b>			14. MOTHER'S MAIDEN NAME <b>Leornia High</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			17. INFORMANT ADDRESS <b>(Son) Mr Woody 1923 Main St Balt</b>		

18. <b>581.0</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <b>Carcinoma of Liver with</b> DUE TO <b>Fatty Degeneration of Liver</b> (B) _____ DUE TO _____ (C) _____  <b>Chronic Pancreatitis</b>	INTERVAL BETWEEN ONSET AND DEATH
--	--	----------------------------------

19A. DATE OF OPERATION <b>2</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>1/20</b> , 19 <b>57</b> , to <b>1/21</b> , 19 <b>57</b> , that I last saw the deceased alive on <b>1/21/57</b> , 19 <b>57</b> , and that death occurred at <b>6:20 AM</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>W. Kramig</b>		23B. ADDRESS <b>St. Agnes Hospital</b>		23C. DATE SIGNED <b>1/21/57</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>1-24-57</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Fowdon PK Cemety</b>	
24D. LOCATION (City, town, or county) (State) <b>Fredrick Rd</b>		25. FUNERAL DIRECTOR ADDRESS <b>Edward Foulson 2307 Wash Blvd</b>			

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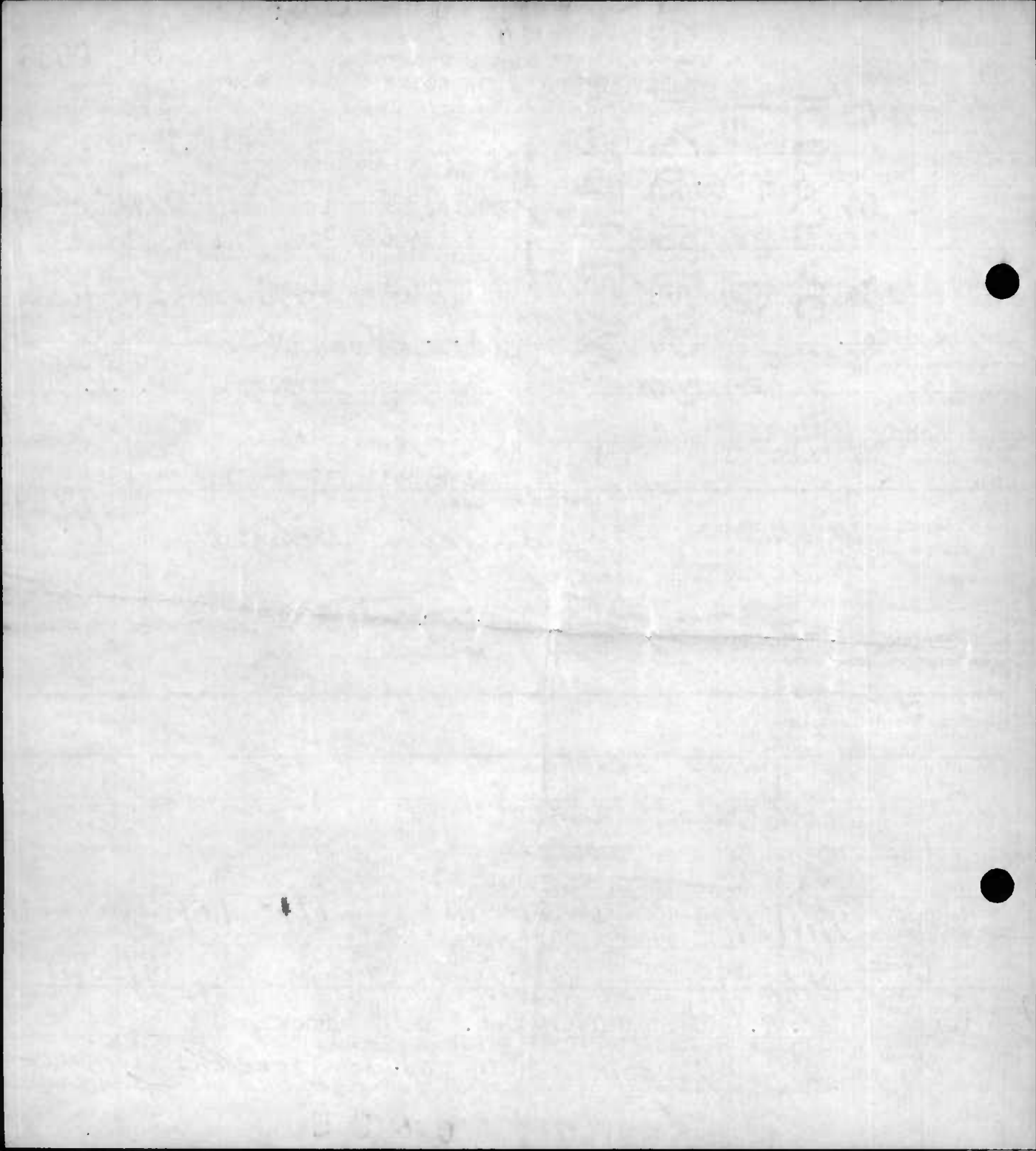
1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100. 101. 102. 103. 104. 105. 106. 107. 108. 109. 110. 111. 112. 113. 114. 115. 116. 117. 118. 119. 120. 121. 122. 123. 124. 125. 126. 127. 128. 129. 130. 131. 132. 133. 134. 135. 136. 137. 138. 139. 140. 141. 142. 143. 144. 145. 146. 147. 148. 149. 150. 151. 152. 153. 154. 155. 156. 157. 158. 159. 160. 161. 162. 163. 164. 165. 166. 167. 168. 169. 170. 171. 172. 173. 174. 175. 176. 177. 178. 179. 180. 181. 182. 183. 184. 185. 186. 187. 188. 189. 190. 191. 192. 193. 194. 195. 196. 197. 198. 199. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209. 210. 211. 212. 213. 214. 215. 216. 217. 218. 219. 220. 221. 222. 223. 224. 225. 226. 227. 228. 229. 230. 231. 232. 233. 234. 235. 236. 237. 238. 239. 240. 241. 242. 243. 244. 245. 246. 247. 248. 249. 250. 251. 252. 253. 254. 255. 256. 257. 258. 259. 260. 261. 262. 263. 264. 265. 266. 267. 268. 269. 270. 271. 272. 273. 274. 275. 276. 277. 278. 279. 280. 281. 282. 283. 284. 285. 286. 287. 288. 289. 290. 291. 292. 293. 294. 295. 296. 297. 298. 299. 300. 301. 302. 303. 304. 305. 306. 307. 308. 309. 310. 311. 312. 313. 314. 315. 316. 317. 318. 319. 320. 321. 322. 323. 324. 325. 326. 327. 328. 329. 330. 331. 332. 333. 334. 335. 336. 337. 338. 339. 340. 341. 342. 343. 344. 345. 346. 347. 348. 349. 350. 351. 352. 353. 354. 355. 356. 357. 358. 359. 360. 361. 362. 363. 364. 365. 366. 367. 368. 369. 370. 371. 372. 373. 374. 375. 376. 377. 378. 379. 380. 381. 382. 383. 384. 385. 386. 387. 388. 389. 390. 391. 392. 393. 394. 395. 396. 397. 398. 399. 400. 401. 402. 403. 404. 405. 406. 407. 408. 409. 410. 411. 412. 413. 414. 415. 416. 417. 418. 419. 420. 421. 422. 423. 424. 425. 426. 427. 428. 429. 430. 431. 432. 433. 434. 435. 436. 437. 438. 439. 440. 441. 442. 443. 444. 445. 446. 447. 448. 449. 450. 451. 452. 453. 454. 455. 456. 457. 458. 459. 460. 461. 462. 463. 464. 465. 466. 467. 468. 469. 470. 471. 472. 473. 474. 475. 476. 477. 478. 479. 480. 481. 482. 483. 484. 485. 486. 487. 488. 489. 490. 491. 492. 493. 494. 495. 496. 497. 498. 499. 500. 501. 502. 503. 504. 505. 506. 507. 508. 509. 510. 511. 512. 513. 514. 515. 516. 517. 518. 519. 520. 521. 522. 523. 524. 525. 526. 527. 528. 529. 530. 531. 532. 533. 534. 535. 536. 537. 538. 539. 540. 541. 542. 543. 544. 545. 546. 547. 548. 549. 550. 551. 552. 553. 554. 555. 556. 557. 558. 559. 560. 561. 562. 563. 564. 565. 566. 567. 568. 569. 570. 571. 572. 573. 574. 575. 576. 577. 578. 579. 580. 581. 582. 583. 584. 585. 586. 587. 588. 589. 590. 591. 592. 593. 594. 595. 596. 597. 598. 599. 600. 601. 602. 603. 604. 605. 606. 607. 608. 609. 610. 611. 612. 613. 614. 615. 616. 617. 618. 619. 620. 621. 622. 623. 624. 625. 626. 627. 628. 629. 630. 631. 632. 633. 634. 635. 636. 637. 638. 639. 640. 641. 642. 643. 644. 645. 646. 647. 648. 649. 650. 651. 652. 653. 654. 655. 656. 657. 658. 659. 660. 661. 662. 663. 664. 665. 666. 667. 668. 669. 670. 671. 672. 673. 674. 675. 676. 677. 678. 679. 680. 681. 682. 683. 684. 685. 686. 687. 688. 689. 690. 691. 692. 693. 694. 695. 696. 697. 698. 699. 700. 701. 702. 703. 704. 705. 706. 707. 708. 709. 710. 711. 712. 713. 714. 715. 716. 717. 718. 719. 720. 721. 722. 723. 724. 725. 726. 727. 728. 729. 730. 731. 732. 733. 734. 735. 736. 737. 738. 739. 740. 741. 742. 743. 744. 745. 746. 747. 748. 749. 750. 751. 752. 753. 754. 755. 756. 757. 758. 759. 760. 761. 762. 763. 764. 765. 766. 767. 768. 769. 770. 771. 772. 773. 774. 775. 776. 777. 778. 779. 780. 781. 782. 783. 784. 785. 786. 787. 788. 789. 790. 791. 792. 793. 794. 795. 796. 797. 798. 799. 800. 801. 802. 803. 804. 805. 806. 807. 808. 809. 810. 811. 812. 813. 814. 815. 816. 817. 818. 819. 820. 821. 822. 823. 824. 825. 826. 827. 828. 829. 830. 831. 832. 833. 834. 835. 836. 837. 838. 839. 840. 84

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51 0636BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 0636  
Registered No.

|   |  |
|---|--|
| BIRTH NO.   |  |
| 1. NAME OF DECEASED<br>(Type or Print) <u>Viola Bell</u>  |  |
| 2. DATE OF DEATH <u>Jan. 18, 1951</u>   |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland <u>Balto. City</u>  |  |
| B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)<br><u>717 Bradley Street</u>   |  |
| 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <u>Maryland</u><br>C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore City</u>   |  |
| D. STREET ADDRESS (If rural, give location)<br><u>717 Bradley Street</u>  |  |
| 5. SEX <u>Female</u>  |  |
| 6. COLOR OR RACE <u>Col.</u>  |  |
| 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>   |  |
| 8. DATE OF BIRTH <u>Oct. 6, 1901</u>  |  |
| 9. AGE (In years last birthday) <u>49</u>   |  |
| 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>  |  |
| 10b. KIND OF BUSINESS OR INDUSTRY <u>Private Family</u>   |  |
| 11. BIRTHPLACE (State or foreign country) <u>Cambridge Maryland</u>   |  |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>  |  |
| 13. FATHER'S NAME <u>John Bell</u>  |  |
| 14. MOTHER'S MAIDEN NAME <u>Lillie Hill</u>   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>No</u>   |  |
| 16. SOCIAL SECURITY NO.   |  |
| 17. INFORMANT ADDRESS<br><u>Helen Bell 717 Bradley Street</u>   |  |
| 18. <u>002 X I</u><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><u>Pulmonary Tuberculosis</u><br>(A) DUE TO<br>ANTECEDENT CAUSES<br>(B) <u>malnutrition</u><br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br>(C)<br>II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. |  |
| 19a. DATE OF OPERATION <u>0</u>   |  |
| 19b. MAJOR FINDINGS OF OPERATION  |  |
| 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>  |  |
| 21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH   |  |
| 21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)   |  |
| 21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)  |  |
| 21d. TIME (Month) (Day) (Year) (Hour) OF INJURY   |  |
| 21e. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |  |
| 21f. HOW DID INJURY OCCUR?  |  |
| 22. I hereby certify that I attended the deceased from <u>8/10/48</u> to <u>1/18/51</u> , that I last saw the deceased alive on <u>1/15/51</u> , and that death occurred at <u>5:30 p.m.</u> from the causes and on the date stated above.  |  |
| 23a. SIGNATURE <u>W. G. Garm</u>  |  |
| 23b. ADDRESS <u>203 Garm St</u>   |  |
| 23c. DATE SIGNED <u>1/20/51</u>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   |  |
| 24b. DATE <u>Jan. 27, 1951</u>  |  |
| 24c. NAME OF CEMETERY OR CREMATORY <u>Mt Calvary Cem.</u>   |  |
| 24d. LOCATION (City, town, or county) (State) <u>Brooklyn Md</u>  |  |
| DATE RECEIVED BY LOCAL REGISTRAR <u>JAN 22 1951</u>   |  |
| REGISTRAR'S SIGNATURE <u>Huntington Williams, Jr.</u>   |  |
| FUNERAL DIRECTOR ADDRESS <u>Thos. O. Wilson 1000 Brantly Ave</u>  |  |



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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0637  
Registered No.

|   |                           |   |  |
|---|---------------------------|---|--|
| 1. NAME OF DECEASED<br>(Type or Print) <del>Louisa M. Fisher</del> LOUISA M. Fisher   |                           | 2. DATE OF DEATH<br>JANUARY 21 1951   |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland   |                           | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE Maryland B. COUNTY Baltimore<br>C. CITY OR TOWN Pikesville<br>D. STREET ADDRESS (If rural, give location) 3 Sudbrook AVE 5300 |  |
| B. FULL NAME OF HOSPITAL OR INSTITUTION Pinecrest SANATARIUM<br>CHapel Gate Road  |                           |   |  |
| Length of stay in Baltimore 2 Mos. Days   |                           |   |  |
| 5. SEX<br>Female  | 6. COLOR OR RACE<br>white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br>widowed  | 8. DATE OF BIRTH<br>81                                 |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Housewife  |                           | 10B. KIND OF BUSINESS OR INDUSTRY<br>Housewife  | 11. BIRTHPLACE (State or foreign country)<br>Baltimore |
| 13. FATHER'S NAME<br>William F. Pietsch   |                           | 14. MOTHER'S MAIDEN NAME  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)<br>no   |                           | 16. SOCIAL SECURITY NO.<br>none   |  |
| 17. INFORMANT<br>John F. Fisher   |                           | ADDRESS<br>2519 Garrison Blvd. Balto. Md.   |  |
| 18. 420.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br>DUE TO CHRONIC MYOCARDITIS<br>(A) AND MYOCARDIAL DEGENERATION ?<br>ANTECEDENT CAUSES<br>DUE TO Arteriosclerotic Heart ?<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br>DUE TO Disease<br>(C) Generalized Arteriosclerosis ?<br>II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.<br>DUE TO Senility ? |                           | INTERVAL BETWEEN ONSET AND DEATH  |  |
| 19A. DATE OF OPERATION 0  |                           | 19B. MAJOR FINDINGS OF OPERATION  |  |
| 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |                           |   |  |
| 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)  |                           | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)   |  |
| 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)  |                           |   |  |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY   |                           | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |  |
| 21F. HOW DID INJURY OCCUR?  |                           |   |  |
| 22. I hereby certify that I attended the deceased from JANUARY 18, 1951, to JANUARY 21, 1951, that I last saw the deceased alive on JAN. 20, 1951, and that death occurred at 12 MID., from the causes and on the date stated above.  |                           |   |  |
| 23A. SIGNATURE<br>Melvin N. Borden  |                           | 23B. ADDRESS<br>2030 W. Fayette St  |  |
| 23C. DATE SIGNED<br>1/21/51   |                           |   |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial   |                           | 24B. DATE<br>1/22/51  |  |
| 24C. NAME OF CEMETERY OR CREMATORY<br>Druid Ridge   |                           | 24D. LOCATION (City, town, or county) (State)<br>Pikesville, Maryland   |  |
| DATE RECEIVED BY LOCAL REGISTRAR<br>JAN 22 1951   |                           | REGISTRAR'S SIGNATURE<br>Huntington Williams, Jr.   |  |
| 25. FUNERAL DIRECTOR<br>Frank H. Maxwell, Pikesville, Md.   |                           | ADDRESS   |  |

MEDICAL CERTIFICATION

STATE OF TEXAS

COUNTY OF DALLAS

IN THE DISTRICT COURT OF THE

STATE OF TEXAS

IN AND FOR THE COUNTY OF DALLAS

VS.

THE STATE OF TEXAS

PLAINT

FOR

RECOVERY OF

PROPERTY

AND

FOR

RECOVERY OF

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 0638

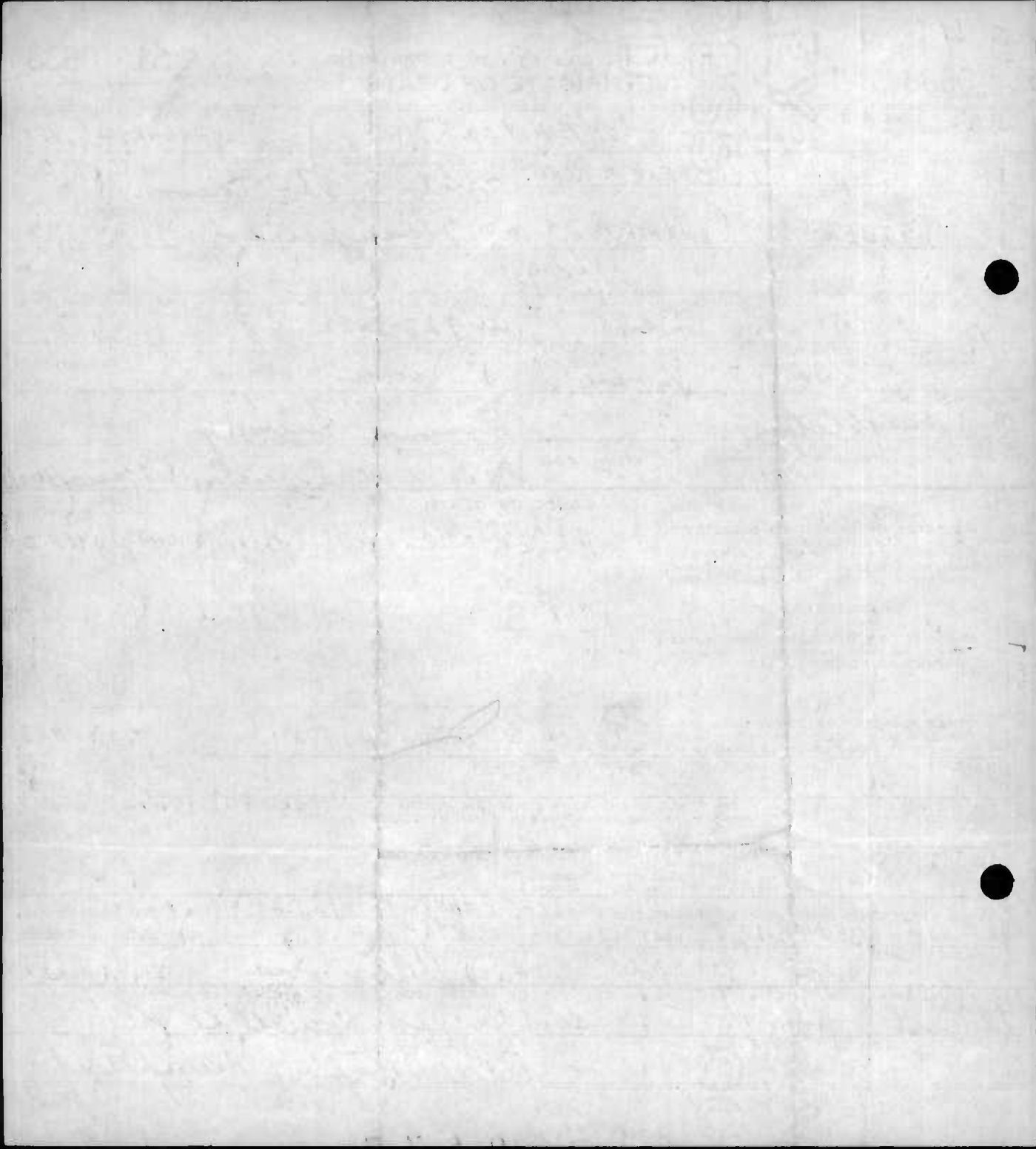
|  |  |  |   |
|--|--|--|---|
| 1. NAME OF DECEASED<br>(Type or Print) <b>IDA MAY CHANNELL</b>   |  | 2. DATE OF DEATH <b>JANUARY 21, 1951</b>   |   |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland <b>5440 BEAIR ROAD.</b>  |  | 4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)<br>A. STATE <b>MD</b> B. COUNTY <b>Baltimore</b> |   |
| B. FULL NAME OF HOSPITAL OR INSTITUTION <b>GARDENVILLE CONVALESCENT HOME</b>   |  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Hampstead</b>  |   |
| D. STREET ADDRESS (If rural, give location) <b>5300</b>  |  |  |   |
| 5. LENGTH OF STAY IN BALTIMORE <b>4</b> Yrs. Mos. Days   |  |  |   |
| 6. SEX <b>F</b>  | 7. COLOR OR RACE <b>W</b>  | 8. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>   | 9. DATE OF BIRTH <b>Aug 23-1862</b>                               |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>  |  | 10B. KIND OF BUSINESS OR INDUSTRY <b>None</b>  |   |
| 11. BIRTHPLACE (State or foreign country) <b>Penn</b>  |  | 12. CITIZEN OF WHAT COUNTRY?   |   |
| 13. FATHER'S NAME <b>B. J. Humbleton</b>   |  | 14. MOTHER'S MAIDEN NAME <b>Emma Ewing</b>   |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b>  |  | 16. SOCIAL SECURITY NO. <b>✓</b>   |   |
| 17. INFORMANT <b>Mrs Martha Kerner</b>   |  | ADDRESS <b>Upper Chesapeake</b>  |   |
| 18. <b>450.0</b>   |  | CAUSE OF DEATH   |   |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  |  | (A) <b>ARTERIOSCLEROSIS GENERALIZED 20 YEARS</b>   |   |
| DUE TO   |  |  |   |
| ANTECEDENT CAUSES  |  | (B) <b>CHRONIC BRONCHITIS 20 YEARS</b>   |   |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  |  | DUE TO   |   |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  |  |  |   |
| 19A. DATE OF OPERATION <b>0</b>  |  | 19B. MAJOR FINDINGS OF OPERATION   |   |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |  |  |   |
| 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)   | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)              | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)   |   |
| 21D. TIME (Month) (Day) (Year) (Hour) INJURY   | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21F. HOW DID INJURY OCCUR?   |   |
| 22. I hereby certify that I attended the deceased from <b>SEPTEMBER 1947</b> , to <b>JANUARY 21, 1951</b> , that I last saw the deceased alive on <b>JANUARY 20, 1951</b> , and that death occurred at <b>7:45 P. m.</b> , from the causes and on the date stated above. |  |  |   |
| 23A. SIGNATURE <b>M. D. [Signature]</b>  |  | 23B. ADDRESS <b>4800 Shelden Penn</b>  |   |
| 23C. DATE SIGNED <b>21 JAN 51</b>  |  |  |   |
| 24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>  | 24B. DATE <b>Jan 24/51</b>   | 24C. NAME OF CEMETERY OR CREMATORY <b>Mendow Branch</b>  | 24D. LOCATION (City, town, or county) (State) <b>Canoll Co Md</b> |
| DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 22 1951</b>  | REGISTRAR'S SIGNATURE <b>Hamilton Williams, Jr.</b>  | 25. FUNERAL DIRECTOR <b>Edw O Tipton</b> ADDRESS <b>Hampstead Md</b>   |   |

MEDICAL CERTIFICATION

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 0639

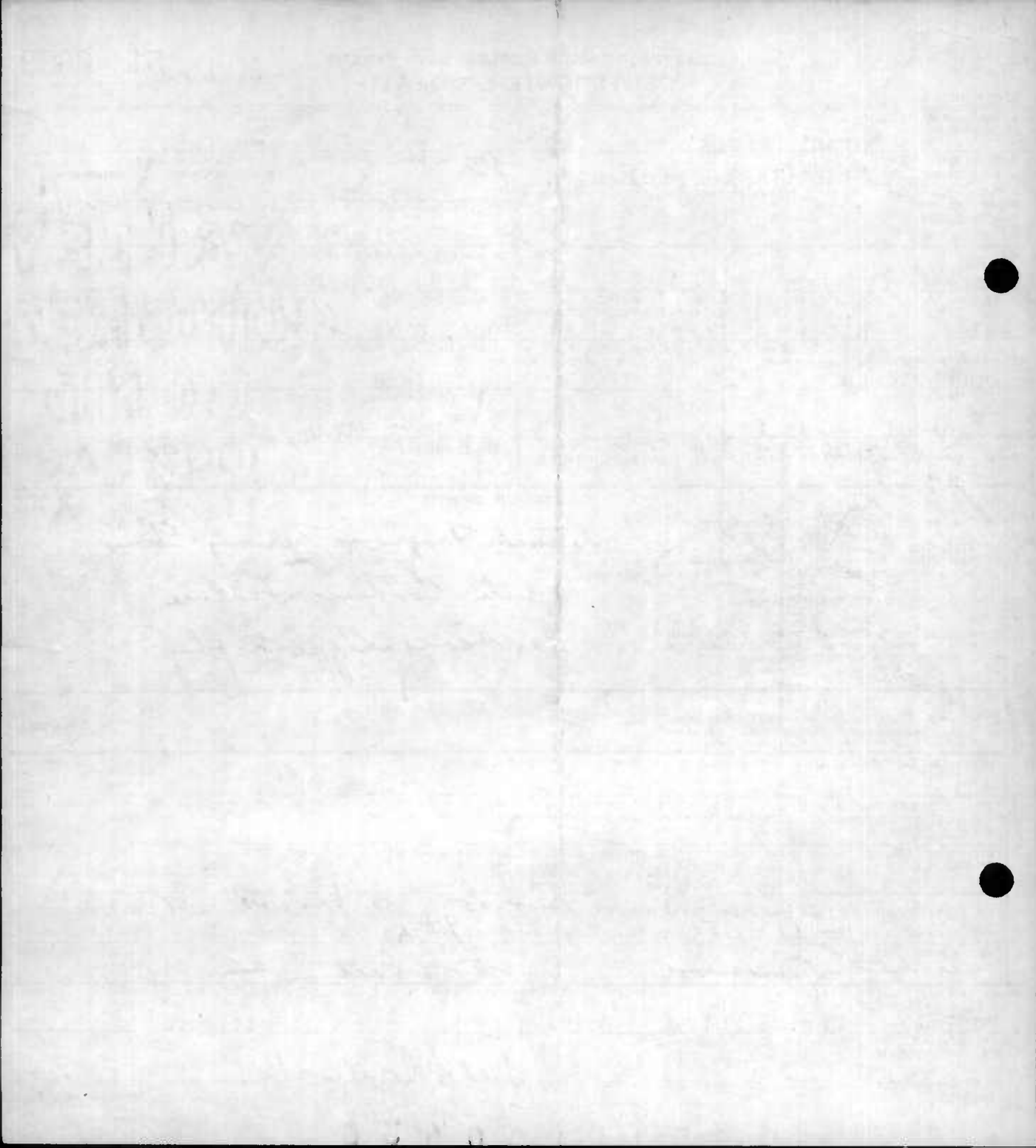
|  |                                  |   |   |  |  |
|--|----------------------------------|---|---|--|--|
| BIRTH NO.  |                                  | 1. NAME OF DECEASED<br>(Type or Print) <u>Antoni Rykoski</u>  |   | 2. DATE OF DEATH <u>Jan. 20 / 51</u>                                     |  |
| 3. PLACE OF DEATH:<br>A. <u>Baltimore City, Maryland 1440 Reynolds St.</u>   |                                  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <u>Maryland</u><br>B. COUNTY <u>Baltimore</u> |   |  |  |
| B. FULL NAME OF HOSPITAL OR INSTITUTION  |                                  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><u>Baltimore</u>  |   |  |  |
| D. LENGTH OF stay in Baltimore   |                                  | D. STREET ADDRESS (If rural, give location)<br><u>1440 Reynolds St.</u>   |   |  |  |
| 5. SEX<br><u>Male</u>  | 6. COLOR OR RACE<br><u>White</u> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Married</u>   | 8. DATE OF BIRTH<br><u>Oct. 26 / 1888</u> | 9. AGE (in years last birthday)<br><u>62</u>                             | 10. Under 1 Year Months: Days: Hours: Min. |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Longshoreman</u>   |                                  | 10B. KIND OF BUSINESS OR INDUSTRY   |   | 11. BIRTHPLACE (State or foreign country)<br><u>Poland</u>               |  |
| 13. FATHER'S NAME<br><u>Antoni Rykoski</u>   |                                  | 14. MOTHER'S MAIDEN NAME<br><u>Mary Kicka</u>   |   |  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)  |                                  | 16. SOCIAL SECURITY NO.   |   | 17. INFORMANT ADDRESS<br><u>Julianna Rykoski 1440 Reynolds St.</u>       |  |
| 18. I <u>525X</u><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><u>Extensive Progressive Pulmonary Fibrosis</u><br>DUE TO <u>Acute Cordiac Failure</u><br>ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><u>Cardiac Hypertrophy</u><br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. |                                  | CAUSE OF DEATH  |   | INTERVAL BETWEEN ONSET AND DEATH   |  |
| 19A. DATE OF OPERATION   |                                  | 19B. MAJOR FINDINGS OF OPERATION  |   | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |  |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  |                                  | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |   | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) |  |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  |                                  | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                                       |   | 21F. HOW DID INJURY OCCUR?   |  |
| 22. I hereby certify that I attended the deceased from <u>Nov. 15, 1950</u> to <u>Jan. 20, 1951</u> , that I last saw the deceased alive on <u>Jan. 19, 1951</u> , and that death occurred at <u>9:45 Am.</u> , from the causes and on the date stated above.  |                                  |   |   |  |  |
| 23A. SIGNATURE<br><u>Arthur Hunsicker</u>  |                                  | 23B. ADDRESS<br><u>2029 Eastern Ave.</u>  |   | 23C. DATE SIGNED<br><u>1/22/51</u>                                       |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   |                                  | 24B. DATE<br><u>Jan. 23 / 51</u>  |   | 24C. NAME OF CEMETERY OR CREMATORY<br><u>Holy Rosary</u>                 |  |
| 24D. LOCATION (City, town, or county) (State)<br><u>Baltimore</u>  |                                  | 25. FUNERAL DIRECTOR<br><u>Fred W. Orazewski</u>  |   | ADDRESS<br><u>1930 Eastern Ave.</u>                                      |  |
| DATE RECEIVED BY LOCAL REGISTRAR<br><u>JAN 22 1951</u>   |                                  | REGISTRAR'S SIGNATURE<br><u>William H. Williams</u>   |   | 940 55   |  |

MEDICAL CERTIFICATION

JAN 22 1951

940 55  
1 9 5 1 0 1 0 0 6 3 8

95C AVE.



626  
0640BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 0640  
Registered No.

|  |                              |  |  |
|--|------------------------------|--|--|
| 1. NAME OF DECEASED<br>(Type or Print) <b>Robert Earle Parker Robert Earle Parker</b>  |                              | 2. DATE OF DEATH<br><b>January 21, 1951</b>  |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland  |                              | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>Maryland</b><br>B. COUNTY <b>6-07</b> |  |
| B. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>U. S. Marine Hospital</b>  |                              | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore</b>   |  |
| Length of stay in Baltimore <b>50 years</b>  |                              | D. STREET ADDRESS (If rural, give location)<br><b>4 No. Kenwood Avenue</b>   |  |
| 5. SEX<br><b>M</b>   | 6. COLOR OR RACE<br><b>W</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>M</b>  | 8. DATE OF BIRTH<br><b>Nov. 17, 1895</b>     |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Marnier</b>  |                              | 10B. KIND OF BUSINESS OR INDUSTRY<br><b>Continental</b>  | 9. AGE (In years last birthday)<br><b>55</b> |
| 13. FATHER'S NAME<br><b>William L. Parker</b>  |                              | 11. BIRTHPLACE (State or foreign country)<br><b>Norfolk Va.</b>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)<br><b>Yes World War I</b>   |                              | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.</b>  |  |
| 16. SOCIAL SECURITY NO.<br><b>215-18-8818</b>  |                              | 14. MOTHER'S MAIDEN NAME<br><b>Eva Evans</b>   |  |
| 17. INFORMANT<br><b>Mary Parker</b>  |                              | ADDRESS<br><b>4 N Kenwood Avenue</b>   |  |
| 18. I<br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>443X</b><br>CAUSE OF DEATH<br><b>Hemorrhage from a Left Cerebral Vessel (unspecified)</b><br>DUE TO <b>Hypertensive Cardio-Vascular Dis. and Arteriosclerosis.</b><br>INTERVAL BETWEEN ONSET AND DEATH<br><b>5 days 5 yrs.</b> |                              |  |  |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  |                              |  |  |
| 19A. DATE OF OPERATION<br><b>0</b>   |                              | 19B. MAJOR FINDINGS OF OPERATION<br><b>-</b>   |  |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH<br><input type="checkbox"/>  |                              | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><b>-</b>                                       |  |
| 21C. WHERE DID INJURY OCCUR?<br><b>-</b>   |                              | 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY<br><b>-</b>  |  |
| 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |                              | 21F. HOW DID INJURY OCCUR?<br><b>-</b>   |  |
| 22. I hereby certify that I attended the deceased from <b>Jan 16</b> , 1951, to <b>Jan 21</b> , 1951, that I last saw the deceased alive on <b>Jan 20, 1951</b> , and that death occurred at <b>12:04 am</b> from the causes and on the date stated above.   |                              |  |  |
| 23A. SIGNATURE<br><b>Roger h Black</b>   |                              | 23B. ADDRESS<br><b>U.S. Marine Hospital Balto</b>  |  |
| 23C. DATE SIGNED<br><b>Jan 21, 1951</b>  |                              |  |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |                              | 24B. DATE<br><b>Jan 24 1951</b>  |  |
| 24C. NAME OF CEMETERY OR CREMATORY<br><b>Holy Rosary Cemetery</b>  |                              | 24D. LOCATION (City, town, or county) (State)<br><b>German Hill Road Md.</b>   |  |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>JAN 22 1951</b>   |                              | REGISTRAR'S SIGNATURE<br><b>William L. Parker</b>  |  |
| VS 150   |                              | 25. FUNERAL DIRECTOR<br><b>Doppel Bros 800 E Lombard St</b>  |  |

19573 5500639

937

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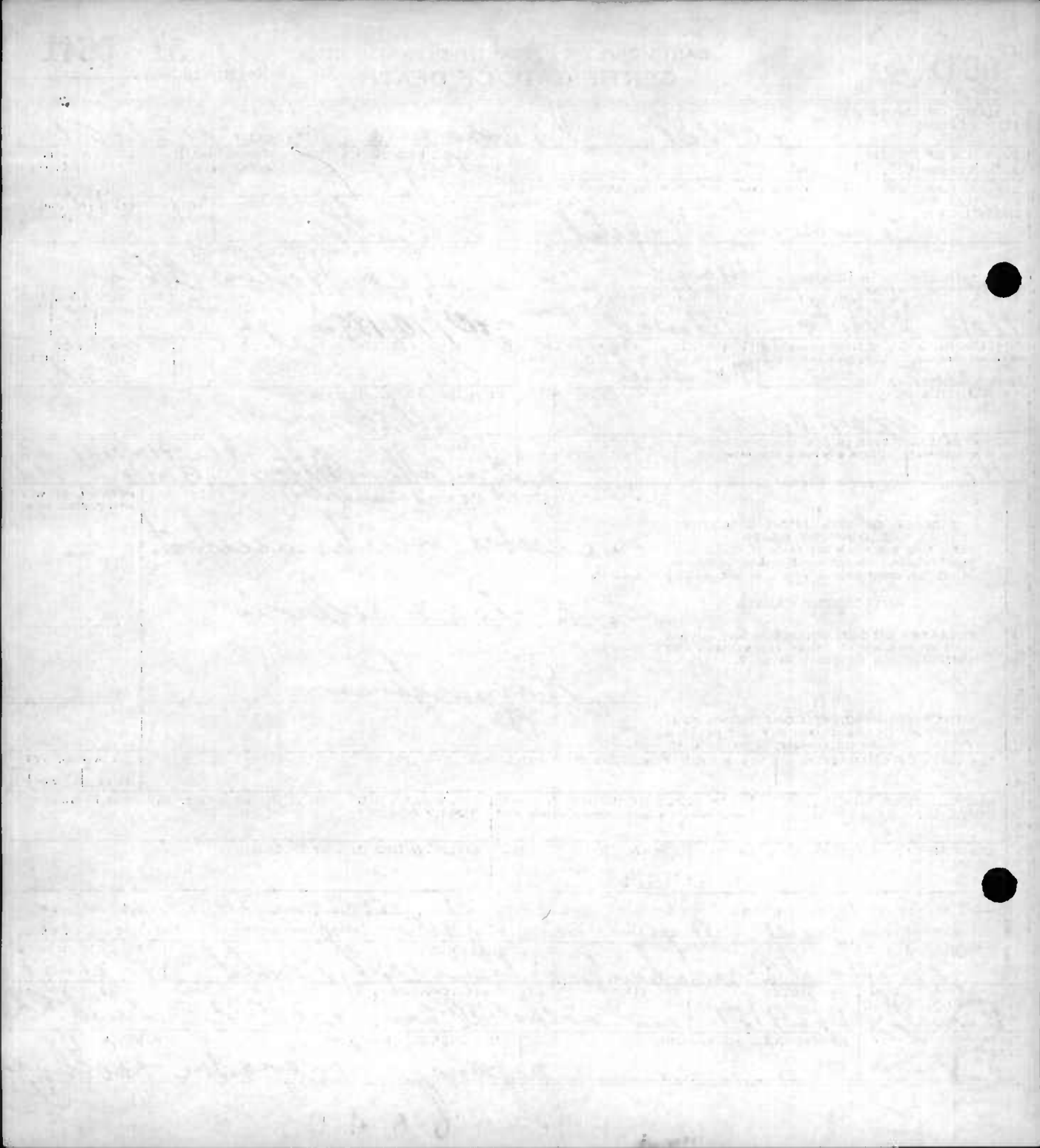
616  
0641BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 0641  
Registered No.

|  |                                  |  |  |
|--|----------------------------------|--|--|
| 1. NAME OF DECEASED<br>(Type or Print) <i>Gerver, George</i>   |                                  | 2. DATE OF DEATH <i>1-21-51</i>  |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland  |                                  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <i>Md.</i> B. COUNTY                                     |  |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)<br><i>University Hospital</i>   |                                  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><i>Balto</i>   |  |
| Length of stay in Baltimore <i>40 yrs</i>  |                                  | D. STREET ADDRESS (If rural, give location)<br><i>1106 Hollins St.</i>   |  |
| 5. SEX<br><i>Male</i>  | 6. COLOR OR RACE<br><i>White</i> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><i>Widowed</i>  | 8. DATE OF BIRTH<br><i>Dec/10/1876</i>       |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><i>Carpenter</i>  |                                  | 10B. KIND OF BUSINESS OR INDUSTRY<br><i>For Self</i>   | 9. AGE (In years last birthday)<br><i>74</i> |
| 13. FATHER'S NAME<br><i>Unknown</i>  |                                  | 14. MOTHER'S MAIDEN NAME<br><i>Unknown</i>   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)<br><i>No</i>   |                                  | 16. SOCIAL SECURITY NO.  |  |
| 17. INFORMANT<br><i>Mrs. Catherine Pelten</i>  |                                  | 17. ADDRESS<br><i>812 Higgins St Balto, Md.</i>  |  |
| 18. <i>331X</i><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><br>ANTECEDENT CAUSES<br><br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><br>II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. |                                  | CAUSE OF DEATH ( <i>Daughter</i> )<br>(A) <i>Cerebro-vascular accident.</i><br>DUE TO<br>(B) <i>Arterio-sclerosis</i><br>DUE TO<br>(C) <i>Hypertension</i> |  |
| 19A. DATE OF OPERATION <i>0</i>  |                                  | 19B. MAJOR FINDINGS OF OPERATION   |  |
| 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |                                  |  |  |
| 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)   |                                  | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   |  |
| 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)   |                                  |  |  |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  |                                  | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  |
| 21F. HOW DID INJURY OCCUR?   |                                  |  |  |
| 22. I hereby certify that I attended the deceased from <i>Jan 21, 1951</i> to <i>Jan 21, 1951</i> that I last saw the deceased alive on <i>Jan 21, 1951</i> and that death occurred at <i>9:30 p.m.</i> , from the causes and on the date stated above.  |                                  |  |  |
| 23A. SIGNATURE<br><i>Raymond Bradshaw</i>  |                                  | 23B. ADDRESS<br><i>University Hospital</i>   |  |
| 23C. DATE SIGNED<br><i>1-21-51</i>   |                                  |  |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><i>Burial</i>   |                                  | 24B. DATE<br><i>1/24/51</i>  |  |
| 24C. NAME OF CEMETERY OR CREMATORY<br><i>New Cathedral Cem.</i>  |                                  | 24D. LOCATION (City, town, or county) (State)<br><i>4300 Old Frederick Rd</i>  |  |
| DATE RECEIVED BY LOCAL REGISTRAR<br><i>JAN 22 1951</i>   |                                  | REGISTRAR'S SIGNATURE<br><i>Walter Williams</i>  |  |
| 25. FUNERAL DIRECTOR<br><i>John Cowan</i>  |                                  | ADDRESS<br><i>83a St.</i>  |  |

VS 150

1955102406640







200  
51 0642

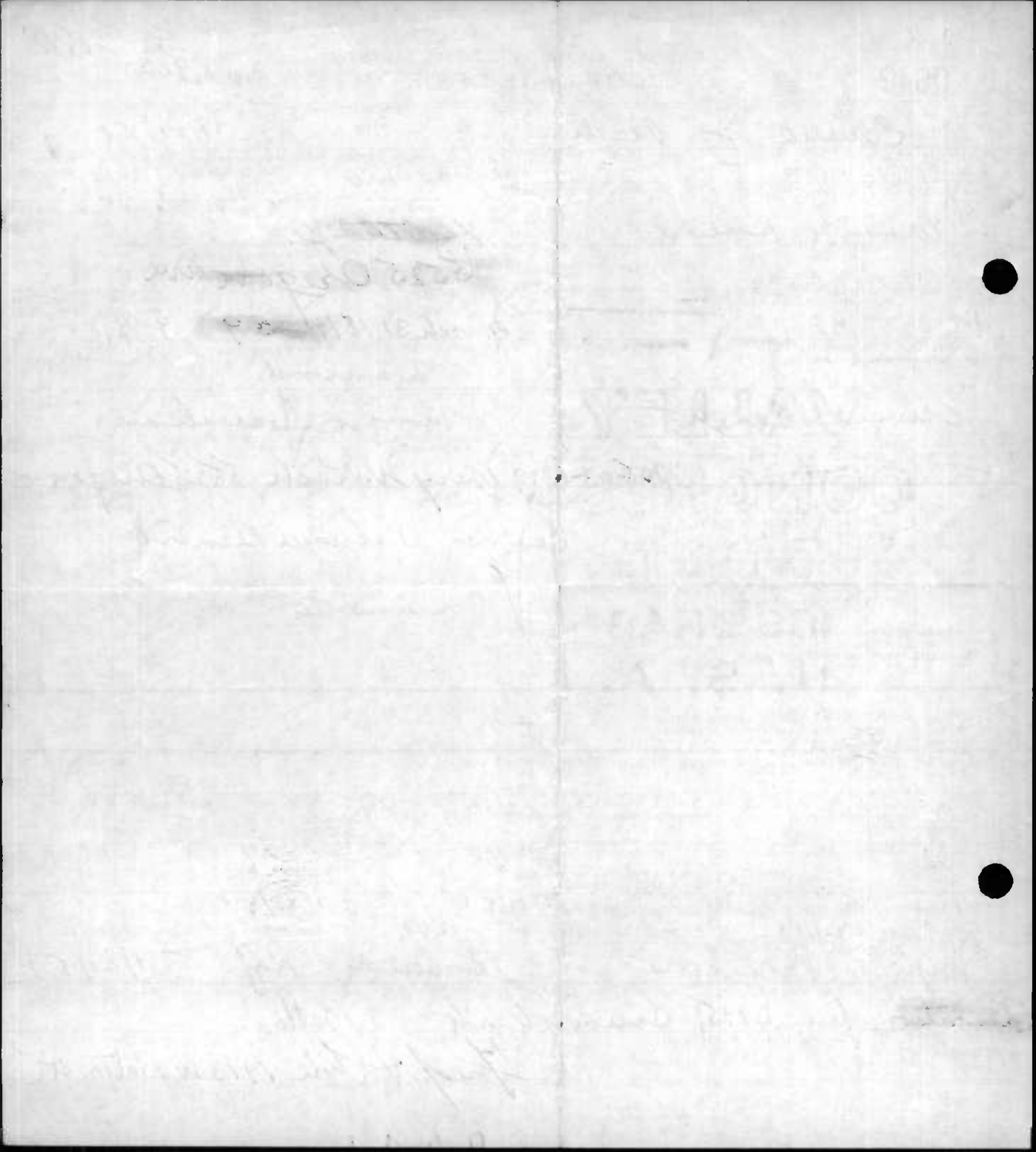
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0642  
Registered No. 4208

|   |  |   |  |
|---|--|---|--|
| 1. NAME OF DECEASED<br>(Type or Print) <i>Edward J. Beach.</i>  |  | 2. DATE OF DEATH <i>1/21/51</i>   |  |
| 3. PLACE OF DEATH:<br>a. Baltimore City, Maryland   |  | 4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)<br>a. STATE <i>md.</i> b. COUNTY <i>Baltimore</i> |  |
| b. FULL NAME OF (If not in hospital or institution, give street address or location)<br><i>Community Hospital.</i>  |  | c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><i>Haltershoe</i>                                       |  |
| d. STREET ADDRESS (If rural, give location)<br><i>5525 Oregon Ave 5200</i>  |  | 5. SEX <i>M</i> 6. COLOR OR RACE <i>W</i> 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)   |  |
| length of stay in Baltimore <i>✓</i>  |  | 8. DATE OF BIRTH <i>March 31, 1891</i> AGE (in years last birthday) <i>59</i> If Under 1 Year Months: Days: Hours: Min. <i>9 21</i>     |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><i>MACHINIST HELPER</i>  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><i>B. O. R. R.</i>   |  |
| 11. BIRTHPLACE (State or foreign country)<br><i>Maryland.</i>   |  | 12. CITIZEN OF WHAT COUNTRY?  |  |
| 13. FATHER'S NAME<br><i>Edward. Beach.</i>  |  | 14. MOTHER'S MAIDEN NAME<br><i>Mary E. Josephson</i>  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)  |  | 16. SOCIAL SECURITY NO.<br><i>705-03-6019</i>   |  |
| 17. INFORMANT<br><i>Mary W. Beach</i>   |  | ADDRESS<br><i>5525 Oregon Ave</i>   |  |
| 18. 331X<br>I<br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br>CAUSE OF DEATH<br><i>Cerebro-Vascular Accident.</i><br>(A) DUE TO<br>ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><i>Pneumonia.</i><br>(B) DUE TO<br>(C) |  | INTERVAL BETWEEN ONSET AND DEATH  |  |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   |  |   |  |
| 19a. DATE OF OPERATION <i>0</i>   |  | 19b. MAJOR FINDINGS OF OPERATION  |  |
| 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |  |   |  |
| 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>  |  | 21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)   |  |
| 21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)  |  |   |  |
| 21d. TIME (Month) (Day) (Year) (Hour) OF INJURY   |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                                  |  |
| 21f. HOW DID INJURY OCCUR?  |  |   |  |
| 22. I hereby certify that I attended the deceased from <i>1/11/51</i> , 19__, to <i>1/21/51</i> , 19__, that I last saw the deceased alive on <i>1/21/51</i> , 19__, and that death occurred at <i>12:58</i> m., from the causes and on the date stated above.  |  |   |  |
| 23a. SIGNATURE<br><i>Joseph B. Brown</i>  |  | 23b. ADDRESS<br><i>Community Hosp.</i>  |  |
| M. D.   |  | 23c. DATE SIGNED<br><i>1/21/51</i>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)   |  | 24b. DATE<br><i>Jan. 24, 1951</i>   |  |
| 24c. NAME OF CEMETERY OR CREMATORY<br><i>Southern Park</i>  |  | 24d. LOCATION (City, town, or county) (State)<br><i>Balto.</i>  |  |
| DATE RECEIVED BY LOCAL REGISTRAR<br><i>JAN 22 1951</i>  |  | REGISTRAR'S SIGNATURE<br><i>William H. Williams</i>   |  |
| 25. FUNERAL DIRECTOR<br><i>Fred A. Cole</i>   |  | ADDRESS<br><i>1913 W. Balto. St.</i>  |  |

MEDICAL CERTIFICATION

195690050 00641  
43a



T-653  
51 0643BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0643

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

HARRIETT THORNTON

2. DATE  
OF  
DEATH

1. 20. 51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4007 4th St.

B. FULL NAME OF

HOSPITAL OR  
INSTITUTION

(If not in hospital or institution, give street address or location)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

4007 4th St.

Yrs.  
Mos.  
Days

Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

2. 23. 1892

9. AGE (in years  
last birthday)If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) - (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18. 443X I CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Cerebral Hemorrhage  
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) Hypertension Cordis  
DUE TO Coronary disease  
(C)INTERVAL BETWEEN  
ONSET AND DEATHII  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/15, 1951, to 1/20, 1951, that I last saw the  
deceased alive on 1/15, 1951 and that death occurred at 1:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 22 1951  
VS 450

19510000643

927

Dr. Fisher

AB-145047

M-360 0644

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 0644  
Registered No.

BIRTH NO. 51-00757

1. NAME OF DECEASED  
(Type or Print)

Baby Girl Medura

2. DATE  
OF  
DEATH

1-20-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION Baltimore City Hospitals

4940 Eastern Ave.

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

23-03

D. STREET ADDRESS (If rural, give location)

23 E. Barney St. zone 30

Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Jan. 13-1951

9. AGE (In years last birthday)

If Under 1 Year Months: Days  
If Under 24 Hours Hours: Min.

7

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Albert Medura

14. MOTHER'S MAIDEN NAME

Domie Bryant

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Baltimore City Hospitals  
Records: 4940 Eastern Ave.

18. 770.1

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) ? Meningitis  
? Kernicterus

DUE TO

7 days

7 days

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 1-13-1951 to 1-20-1951 that I last saw the deceased alive on 1-20-1951, and that death occurred at 12 Noon, from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

4940 Eastern Ave., Balto., Md.

23C. DATE SIGNED

1-20-51

24A. BURIAL OR CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

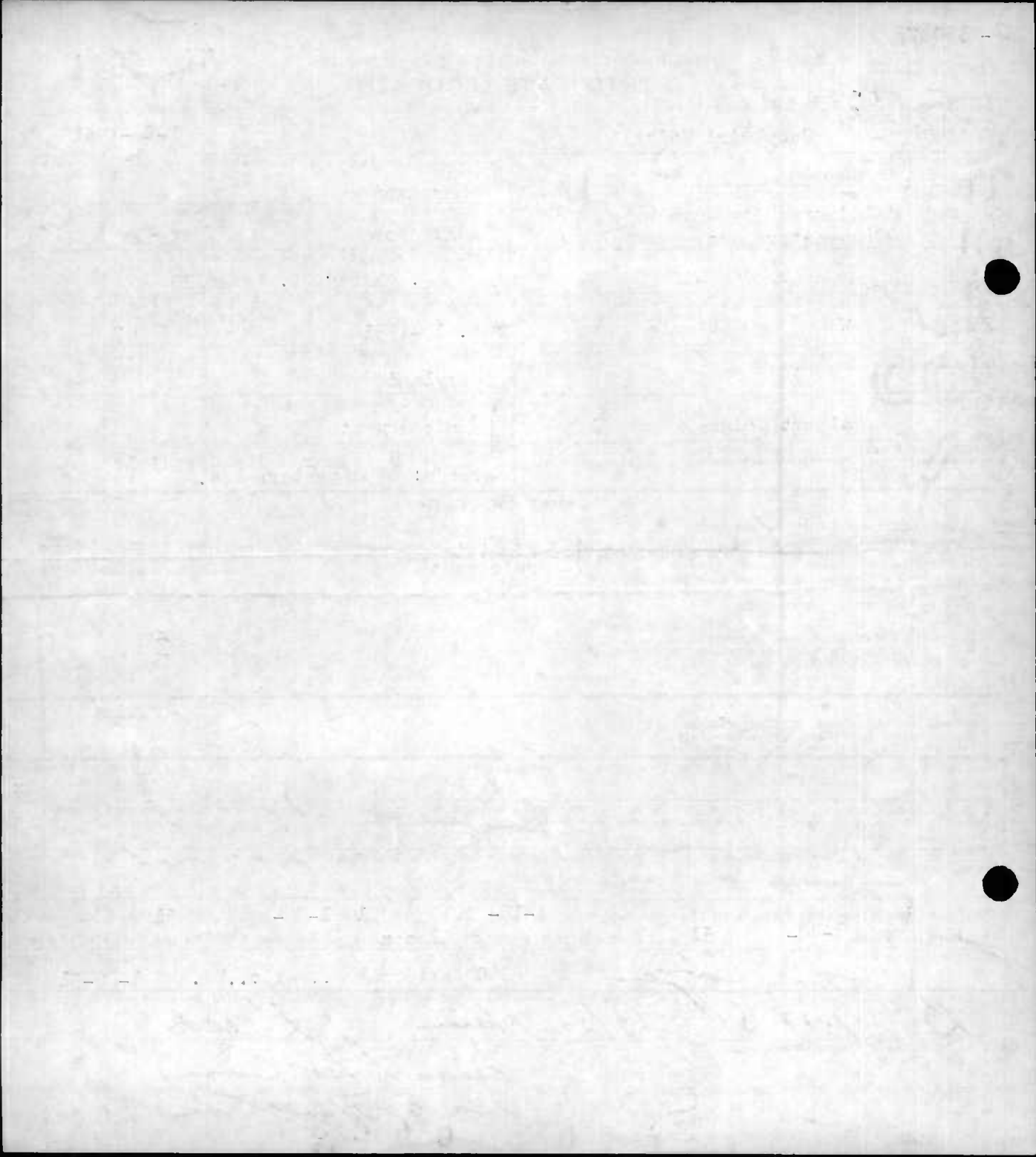
ADDRESS

VS 150

9510000613

161C

MEDICAL CERTIFICATION





H-635

51 0645

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0645

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

LAURA V. HORTON

2. DATE  
OF  
DEATH

1.21.51

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1230 BATTERY

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE Md.  
B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
BALTIMORE 24-03D. STREET ADDRESS (If rural, give location)  
1230 BATTERY AVE

Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

F.

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

4.28.1868

9. AGE in years  
last birthday

82

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

ABOLITIONIST

10B. KIND OF BUSINESS OR INDUSTRY

HOME

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

William Andrews.

14. MOTHER'S MAIDEN NAME

Elizabeth Coburn

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Family - SAME

18. 4222 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) .....  
DUE TO

Chronic Myocarditis

INTERVAL BETWEEN  
ONSET AND DEATH

6 mos

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) .....  
DUE TO

Influenza -

3 days

(C) .....

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

22. I hereby certify that I attended the deceased from July 20, 1950, to 1/21, 1951, that I last saw the deceased alive on 1/20, 1951, and that death occurred at 4:11 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

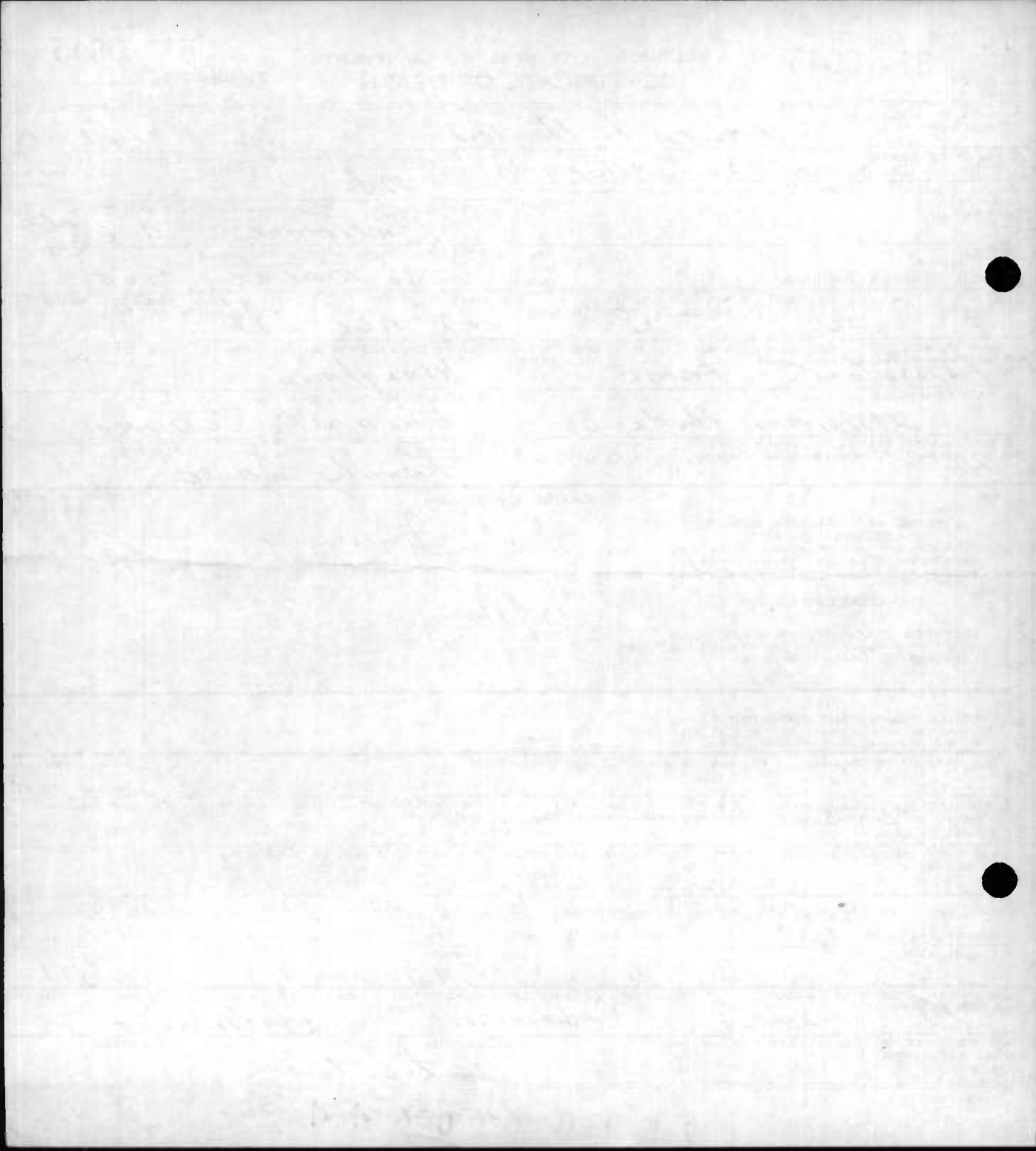
DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS





AB-145227

M-2050 0646

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 JAN 30 1951  
0646  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Estella Mack

2. DATE  
OF  
DEATH

1-21-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Baltimore City Hospitals  
4940 Eastern Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1312 W. Lafayette Ave. zone 17

5. SEX

F

6. COLOR OR RACE

N

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

March 20, 1880

9. AGE (In years last birthday)

70?

10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Issac Ross (D)

14. MOTHER'S MAIDEN NAME

Helena Madden (D)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, oo or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL SECURITY NO.

None

17. INFORMANT Baltimore City Hospitals  
Records: 4940 Eastern Ave.

18. 331X I

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Vascular Accident.

DUE TO

wks

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Generalized Arteriosclerosis

DUE TO

Years

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-21-1951 to 1-21-1951 that I last saw the deceased alive on 1-21-1951 and that death occurred at 2:25 AM from the causes and on the date stated above.

23A. SIGNATURE

R. Rogers

M. D.

23B. ADDRESS

4940 Eastern Ave., Balto., Md.

23C. DATE SIGNED

1-22-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Jan. 25 1951

24C. NAME OF CEMETERY OR CREMATORY

St. Luke

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William M. Williams

25. FUNERAL DIRECTOR

Halland Funeral Home  
1651 Druid Hill Ave.

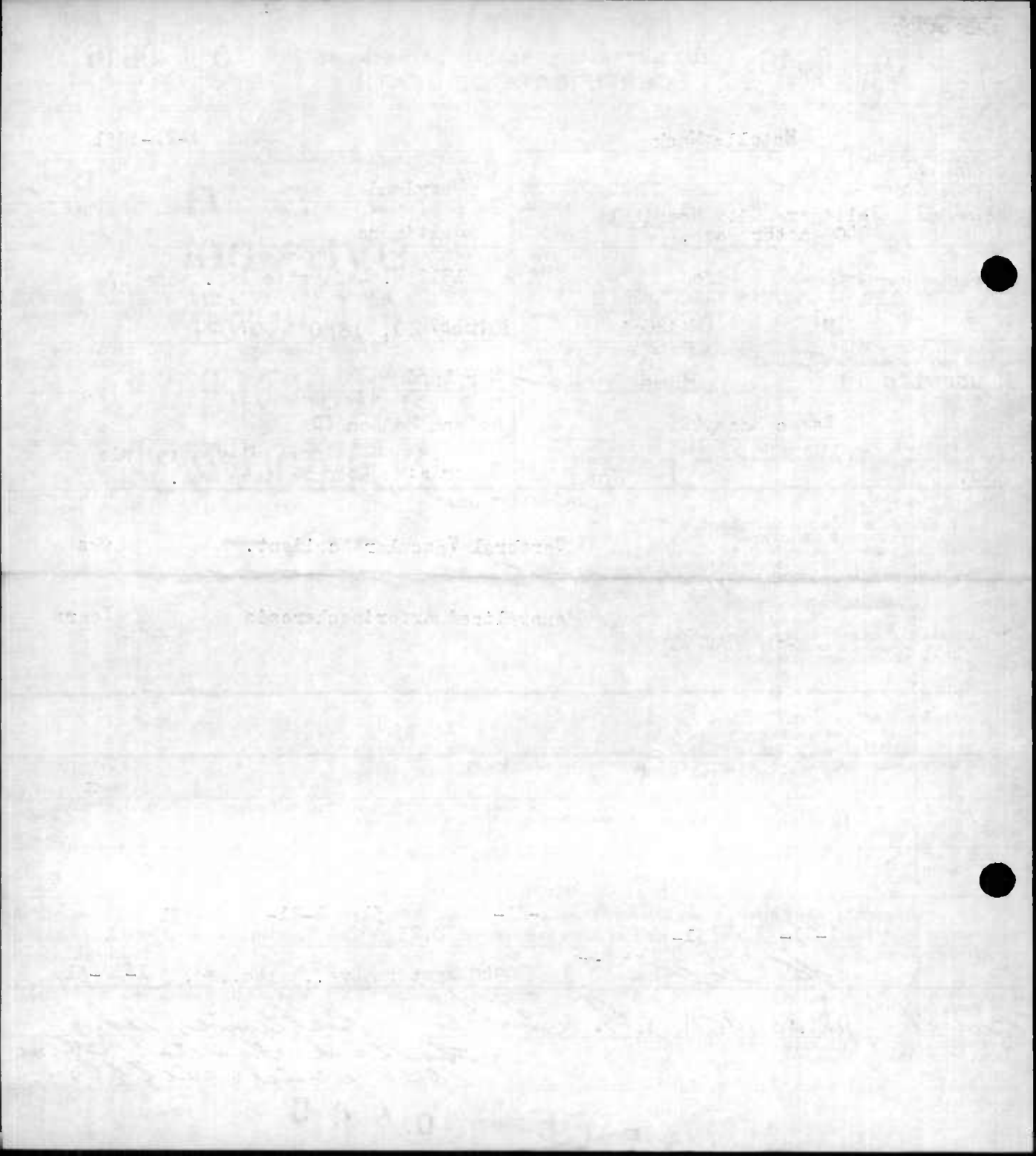
ADDRESS

AN 22 1951

9510000645

83a

MEDICAL CERTIFICATION



Dr. Mandelias  
651 N. Bentalon  
M-62051-0647

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 0647

|  |  |   |  |
|--|--|---|--|
| 1. NAME OF DECEASED<br>(Type or Print)<br><b>THOMAS JOSEPH MORRIS</b>  |  | 2. DATE OF DEATH<br><b>Jan. 19, 1951</b>  |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland  |  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>MD.</b><br>B. COUNTY |  |
| 5. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>3152 WILKENS AVE.</b>  |  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>BALTIMORE 20-06</b>                    |  |
| D. STREET ADDRESS (If rural, give location)<br><b>3152 WILKENS AVE.</b>  |  |   |  |
| 6. LENGTH OF STAY IN BALTIMORE   |  | 7. DATE OF BIRTH<br><b>FEB. 1, 1889</b>   |  |
| 8. SEX<br><b>M</b>   |  | 9. AGE (In years, last birthday)<br><b>61</b>   |  |
| 10. COLOR OR RACE<br><b>W</b>  |  | 11. BIRTHPLACE (State or foreign country)<br><b>Ireland</b>   |  |
| 12. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>MARRIED</b>   |  | 13. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>   |  |
| 14. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>BOILERMAKER</b> |  | 15. KIND OF BUSINESS OR INDUSTRY<br><b>B. &amp; O. R. R.</b>  |  |
| 16. FATHER'S NAME<br><b>Patrick Morris</b>   |  | 17. MOTHER'S MAIDEN NAME<br><b>Mary Mc Dermott</b>  |  |
| 18. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)<br><b>No</b>                                   |  | 19. SOCIAL SECURITY NO.   |  |
| 20. INFORMANT<br><b>Mrs. Delia Morris - 3152 Wilkens Ave.</b>  |  | ADDRESS   |  |

|   |  |   |
|---|--|---|
| 18. <b>420.1</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Thrombosis Coronary</b><br>DUE TO<br><b>Sclerotic Coronary</b><br>DUE TO<br><b>Hypertension</b> |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>Sudden death</b><br><b>years</b> |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   |  | <b>years</b>  |

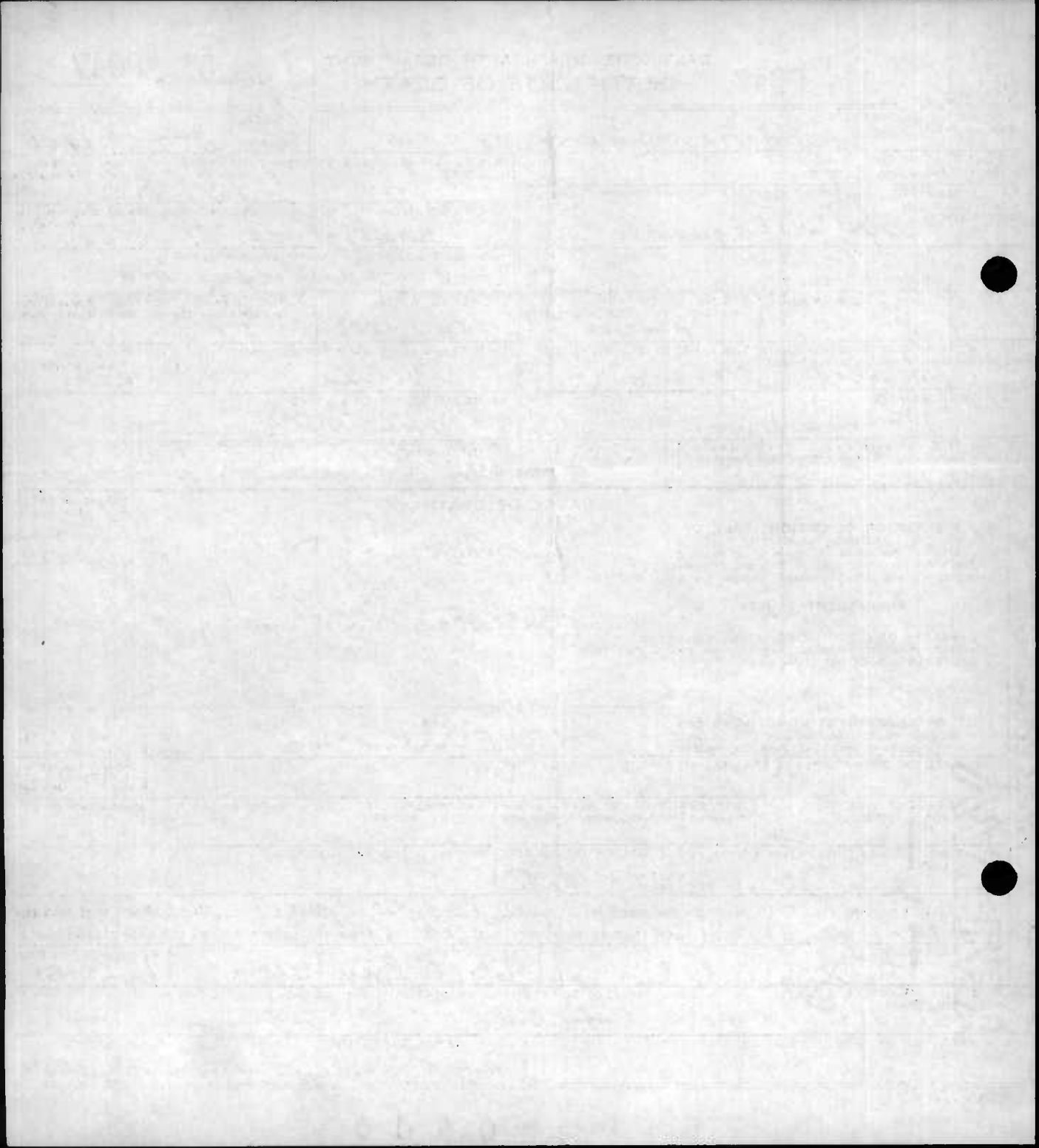
|   |  |   |  |  |
|---|--|---|--|--|
| 19A. DATE OF OPERATION<br><b>0</b>  |  | 19B. MAJOR FINDINGS OF OPERATION  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>     |
| 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)  |  | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)                 |  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)     |
| 21D. TIME (Month) (Day) (Year) (Hour) INJURY  |  | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21F. HOW DID INJURY OCCUR?   |
| 22. I hereby certify that I attended the deceased from <b>Jan 1</b> , 19 <b>50</b> , to <b>Jan 19</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>Jan 19</b> , 19 <b>51</b> , and that death occurred at <b>5 P. m.</b> , from the causes and on the date stated above. |  |   |  |  |
| 23A. SIGNATURE<br><b>Mandelias</b><br>M. D.   |  | 23B. ADDRESS<br><b>651 N Bentalon</b>   |  | 23C. DATE SIGNED<br><b>1-22-51</b>   |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |  | 24B. DATE<br><b>1-22-51</b>   |  | 24C. NAME OF CEMETERY OR CREMATORY<br><b>Cathedral</b>                       |
| 24D. LOCATION (City, town, or county) (State)<br><b>Baltimore Md.</b>   |  | 24E. DATE RECEIVED BY LOCAL REGISTRAR   |  | 24F. REGISTRAR'S SIGNATURE<br><b>George A. Farley - Fulton Ave. 14th St.</b> |
| 24G. FUNERAL DIRECTOR<br><b>George A. Farley - Fulton Ave. 14th St.</b>   |  | 24H. ADDRESS  |  |  |

JAN 22 1951

1951 503 58616

94a

MEDICAL CERTIFICATION



452  
51 0648BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 0648  
Registered No.

BIRTH NO.

|  |  |  |  |
|--|--|--|--|
| 1. NAME OF DECEASED<br>(Type or Print) <b>Nora Williams</b>  |  | 2. DATE OF DEATH <b>JAN 22 1951</b>  |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland <b>Med. Isl 3</b><br>B. FULL NAME OF HOSPITAL OR INSTITUTION <b>JOHNS HOPKINS HOSPITAL</b>   |  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>Md.</b> B. COUNTY <b>Prince Georges</b><br>C. CITY OR TOWN <b>Laurel</b> (If outside corporate limits, write RURAL and give township)<br>D. STREET ADDRESS (If rural, give location) <b>921 Nichols Drive, 6637</b> |  |
| 5. SEX <b>female</b> 6. COLOR OR RACE <b>white</b> 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>sep.</b>                                 |  | 8. DATE OF BIRTH <b>10-6-88</b> 9. AGE (in years last birthday) <b>62 6 3</b>  |  |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b> 10B. KIND OF BUSINESS OR INDUSTRY |  | 11. BIRTHPLACE (State or foreign country) <b>Virginia</b> 12. CITIZEN OF WHAT COUNTRY?   |  |
| 13. FATHER'S NAME <b>Perry Sidney Turner</b>   |  | 14. MOTHER'S MAIDEN NAME <b>Ida Butler Selix</b>   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>no</b> 16. SOCIAL SECURITY NO.  |  | 17. INFORMANT <b>JOHNS HOPKINS HOSPITAL</b> ADDRESS  |  |

|  |   |
|--|---|
| 18. <b>260X I</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Myocardial Infarction</b><br>DUE TO<br><b>ATHEROSCLEROSIS</b><br>DUE TO<br><b>Diabetes Mellitus</b> | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 weeks</b><br><b>10 years</b> |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  |   |

|   |  |   |  |
|---|--|---|--|
| 19A. DATE OF OPERATION <b>0</b> 19B. MAJOR FINDINGS OF OPERATION  |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>          |  |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>  |  | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) |  |
| 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)  |  | 21D. HOW DID INJURY OCCUR?  |  |
| 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  | 21F. HOW DID INJURY OCCUR?  |  |
| 22. I hereby certify that I attended the deceased from <b>1-11-</b> , 1951, to <b>1-22-</b> , 1951, that I last saw the deceased alive on <b>1-22-</b> , 1951, and that death occurred at <b>3:40 A</b> m., from the causes and on the date stated above. |  |   |  |
| 23A. SIGNATURE <b>H. J. Langford</b> M. D.  |  | 23B. ADDRESS <b>JOHNS HOPKINS HOSPITAL</b>  |  |
| 23C. DATE SIGNED <b>1-21-51</b>   |  | 24. NAME OF CEMETERY OR CREMATORY <b>Washington National Cemetery</b>                     |  |
| 24A. DATE <b>Jan 25-51</b>  |  | 24B. LOCATION (City, town, or county) <b>Washington D.C.</b>                              |  |
| 24C. NAME OF CEMETERY OR CREMATORY  |  | 24D. LOCATION (City, town, or county) (State)   |  |
| DATE RECEIVED BY LOCAL REGISTRAR  |  | 25. FUNERAL DIRECTOR <b>W. W. Donaldson</b> ADDRESS                                       |  |

JAN 23 1951

1 9 5 1 0 0 0 0 6 4 7

61





252  
51 0649BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 0649  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Walter A. Okonski

2. DATE  
OF  
DEATH

1-21-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto. Md.

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

219 S. Wolfe Street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto., Md. 2-01

D. STREET ADDRESS (If rural, give location)

219 S. Wolfe Street

Length of stay in Baltimore

65yrs

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

2-14-76

9. AGE (in years  
last birthday)

74

10 Under 1 Year  
Months: Days  
11 Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR  
INDUSTRY

Monarch Rubber Co.

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

Michael Okonski

RUBBER HEELS (A)

14. MOTHER'S MAIDEN NAME

Mary ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Victoria Okonski- 219 S. Wolfe Street

18. 422.1

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Chronic myocarditis  
DUE TO myocardial failure - about 70%

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) Arteriosclerosis  
DUE TO ?

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN  
ONSET AND DEATHNumber of  
Yrs. 2

about 70%

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 15, 1951, to Jan. 21, 1951, that I last saw the  
deceased alive on Jan. 20, 1951, and that death occurred at 1:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

1-24-51

24C. NAME OF CEMETERY OR CREMATORY

St. Stanislaus

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 22 1951

VS 150

403 S. Wolfe Street

1 4 5 1 0 4 0 0 6 4 8

937



620

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0650  
Registered No.

BIRTH NO. 51 0650

|   |                                  |   |                              |
|---|----------------------------------|---|------------------------------|
| 1. NAME OF DECEASED<br>(Type or Print) <i>Olivia Morris</i>   |                                  | 2. DATE OF DEATH <i>1/22/51</i>   |                              |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland   |                                  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <i>md.</i> B. COUNTY <i>Baltimore</i> |                              |
| 5. FULL NAME OF HOSPITAL OR INSTITUTION<br><i>UNIVERSITY HOSPITAL</i>   |                                  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><i>Garrison</i>   |                              |
| 6. LENGTH OF STAY IN BALTIMORE <i>35 yrs.</i>   |                                  | D. STREET ADDRESS (If rural, give location)<br><i>5200</i>  |                              |
| 5. SEX<br><i>F</i>  | 6. COLOR OR RACE<br><i>Negro</i> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><i>Widow</i>   | 8. DATE OF BIRTH<br><i>—</i> |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><i>Housewife</i> |                                  | 11. BIRTHPLACE (State or foreign country)<br><i>Dorchester Co., Md.</i>   |                              |
| 10B. KIND OF BUSINESS OR INDUSTRY<br><i>—</i>   |                                  | 12. CITIZEN OF WHAT COUNTRY?<br><i>—</i>  |                              |
| 13. FATHER'S NAME<br><i>John Morris</i>   |                                  | 14. MOTHER'S MAIDEN NAME<br><i>Annie Coleman</i>  |                              |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)<br><i>—</i>                  |                                  | 16. SOCIAL SECURITY NO.<br><i>—</i>   |                              |
| 17. INFORMANT<br><i>Mrs Ruth Magruder</i>   |                                  | 18. ADDRESS<br><i>1531 E. Lombard St.</i>   |                              |

|  |  |
|--|--|
| 18. CAUSE OF DEATH<br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><i>252.01</i><br>DUE TO (A) <i>HYPERTENSIVE CARDIO-VASCULAR DISEASE</i><br>(B) <i>MARKED Cardiomegaly</i><br>(C) <i>Thyrotoxicosis</i> | INTERVAL BETWEEN ONSET AND DEATH<br><i>2 years</i><br><i>2 years</i><br><i>2 years</i> |
|--|--|

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| 19A. DATE OF OPERATION <i>0</i>   |  | 19B. MAJOR FINDINGS OF OPERATION<br><i>NONE</i>   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>             |  |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH<br><input type="checkbox"/> |  | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><i>—</i>      |  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)<br><i>—</i> |  |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY<br><i>—</i>                             |  | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21F. HOW DID INJURY OCCUR?<br><i>—</i>   |  |

22. I hereby certify that I attended the deceased from *1/14* 1951, to *1/22* 1951, that I last saw the deceased alive on *1/21* 1951, and that death occurred at *2:05* m., from the causes and on the date stated above.

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| 23A. SIGNATURE<br><i>Charles T. Henderson</i>              |  | 23B. ADDRESS<br><i>University Hospital</i>         |  | 23C. DATE SIGNED<br><i>1/22/51</i>                  |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><i>Burial</i> |  | 24B. DATE<br><i>1/25/51</i>                        |  | 24C. NAME OF CEMETERY OR CREMATORY<br><i>Vienna</i> |  |
| 24D. LOCATION (City, town, or county)<br><i>Vienna Md.</i> |  | 24E. FUNERAL DIRECTOR<br><i>J. J. Trappion Son</i> |  | 24F. ADDRESS<br><i>Federal Square</i>               |  |

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

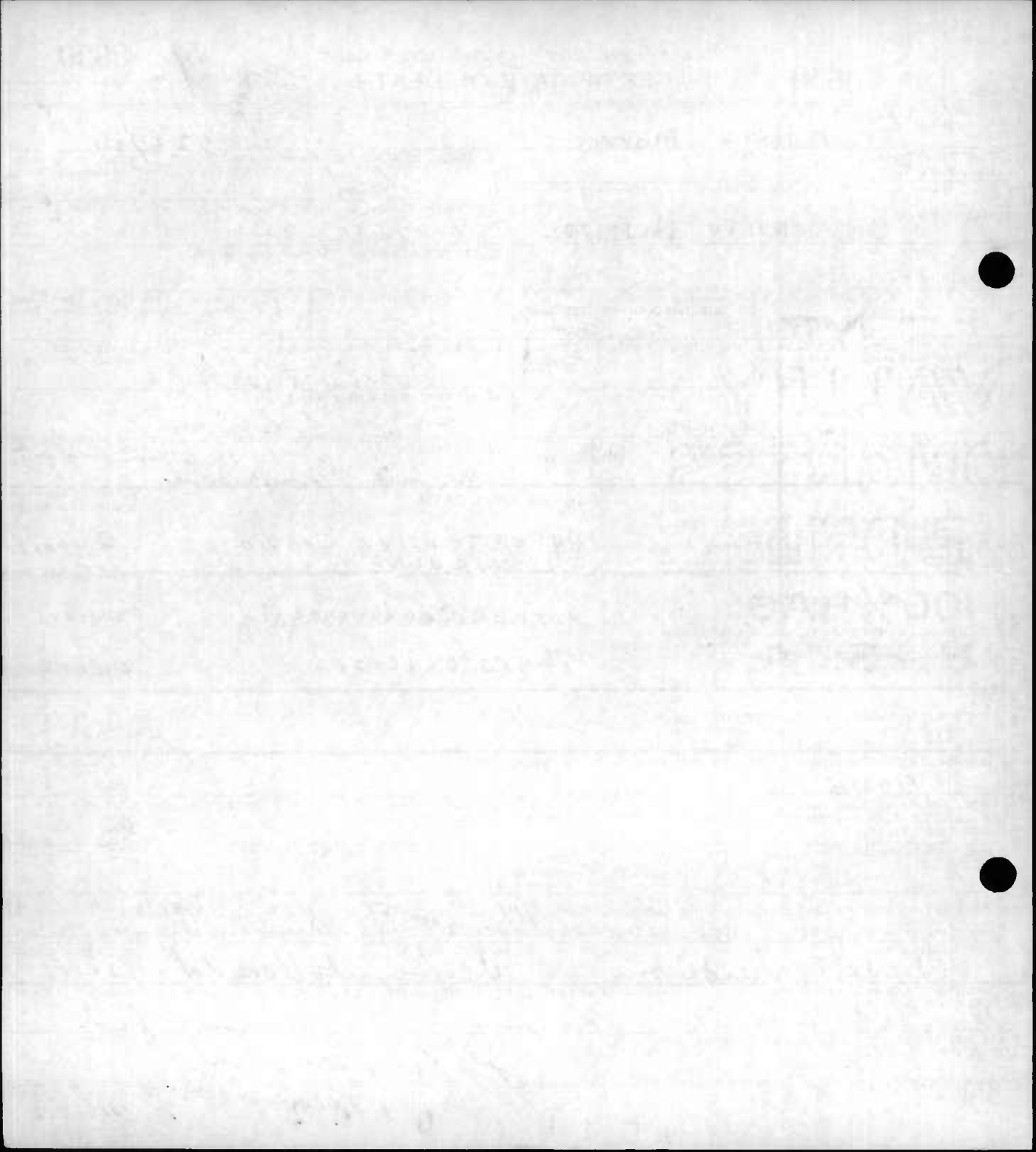
25. FUNERAL DIRECTOR

ADDRESS

JAN 22 1951

1951 020006

63B md.



625  
51 0651BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0651

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Catherine F. Bresnan

2. DATE  
OF  
DEATH

1/19/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

2018 W. North Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

15-04

D. STREET ADDRESS (If rural, give location)

2018 W. North Ave

Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

F

6. COLOR OR RACE

w.

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

1870

9. AGE (In years  
last birthday)

80

If Under 1 Year  
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

HOUSE WIFE

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

P

14. MOTHER'S MAIDEN NAME

P

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Daniel Bresnan 2018 W. North Ave.

18. 151X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Malignancy of Stomach

INTERVAL BETWEEN  
ONSET AND DEATH

2 yr.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Cachexia -

DUE TO

CACHEXIA

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

None

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1, 1950, to Jan 19, 1951, that I last saw the deceased alive on Jan 19, 1951, and that death occurred at 11:00 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

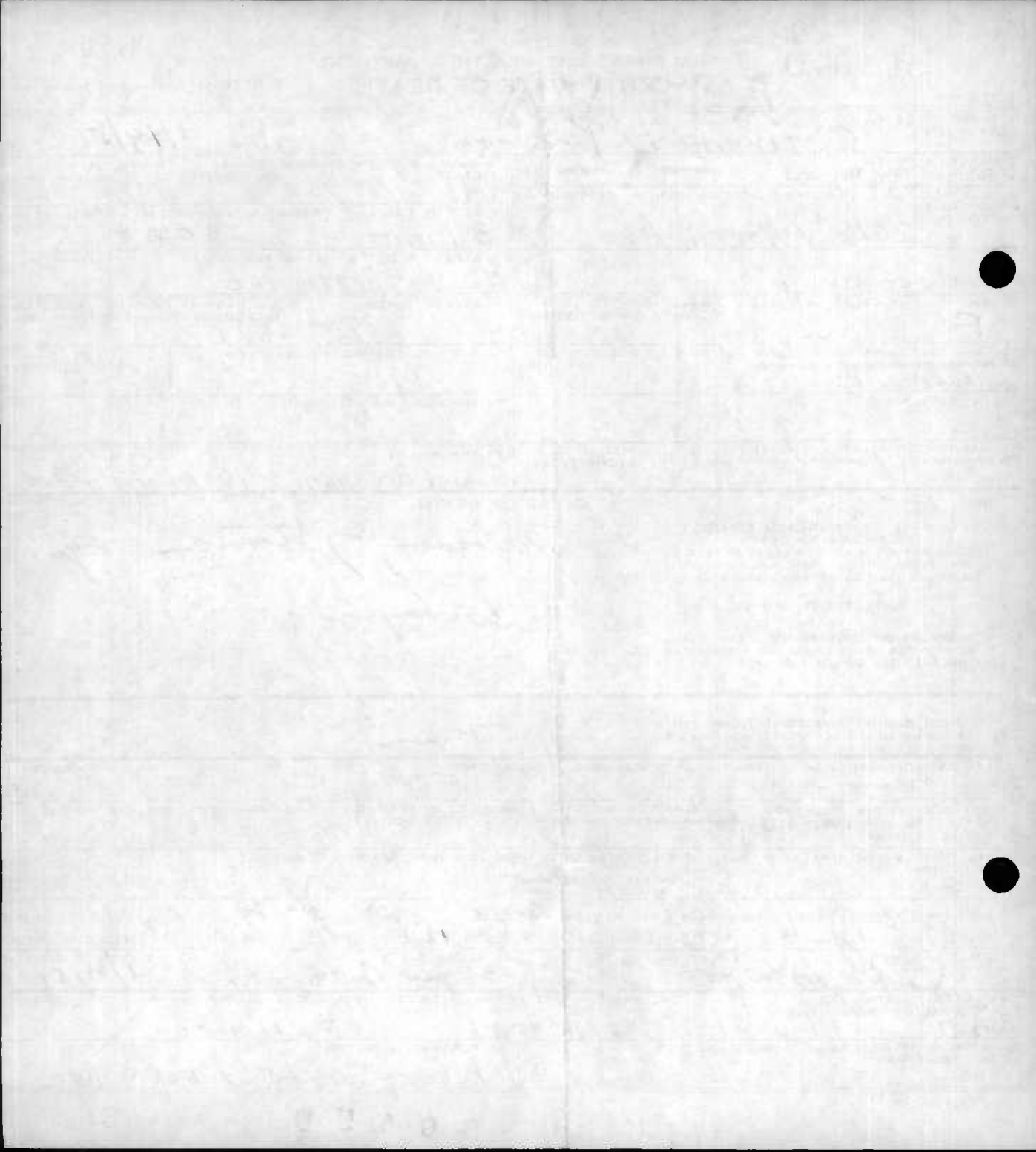
VS 150

M. Faher &amp; Sons 401 SUFFOLK Rd.

19510000650

46B

MEDICAL CERTIFICATION





620  
51 0652BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 0652  
Registered No.

|  |  |  |   |  |  |  |  |  |
|--|--|--|---|--|--|--|--|--|
| BIRTH NO.  |  |  | 1. NAME OF DECEASED<br>(Type or Print) <b>GEORGE B. MYERS</b>   |  |  | 2. DATE OF DEATH <b>1/20/51</b>  |  |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland  |  |  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>MD</b><br>B. COUNTY <b>17-02</b> |  |  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>BALTIMORE</b> |  |  |
| B. FULL NAME OF HOSPITAL OR INSTITUTION <b>1223 ETTING STREET</b>  |  |  | D. STREET ADDRESS (If rural, give location)<br><b>1223 ETTING STREET</b>  |  |  | E. DATE OF BIRTH <b>5/30/1905</b>  |  |  |
| c. Length of stay in Baltimore <b>LIFE</b>   |  |  | Yrs. <b>45</b><br>Mos. <b>45</b><br>Days <b>45</b>  |  |  | 9. AGE (In years last birthday) <b>45</b>  |  |  |
| 5. SEX <b>M</b>  |  |  | 6. COLOR OR RACE <b>C</b>   |  |  | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>SEPARATED</b>                                 |  |  |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Letter Carrier</b>   |  |  | 10B. KIND OF BUSINESS OR INDUSTRY<br><b>Post Office</b>   |  |  | 11. BIRTHPLACE (State or foreign country)<br><b>TOWSON, MD</b>                                   |  |  |
| 13. FATHER'S NAME<br><b>CHARLES MYERS</b>  |  |  | 16. SOCIAL SECURITY NO.   |  |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>  |  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)<br><b>NO</b>   |  |  | 16. SOCIAL SECURITY NO.<br><b>NO</b>  |  |  | 17. INFORMANT<br><b>DELAPHINE MYERS (M) 511 SANFORD PL.</b>                                      |  |  |
| 18. <b>480 X 1</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Antecedent Causes</b><br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><b>II</b><br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. |  |  | CAUSE OF DEATH<br><b>Lobar Pneumonia</b><br>DUE TO<br><b>Influenza &amp; Irritation</b><br>DUE TO<br><b>(C)</b>                       |  |  | INTERVAL BETWEEN ONSET AND DEATH   |  |  |
| 19A. DATE OF OPERATION <b>0</b>  |  |  | 19B. MAJOR FINDINGS OF OPERATION  |  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>                         |  |  |
| 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)   |  |  | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)   |  |  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)                         |  |  |
| 21D. TIME (Month) (Day) (Year) (Hour) INJURY   |  |  | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                             |  |  | 21F. HOW DID INJURY OCCUR?   |  |  |
| 22. I hereby certify that I attended the deceased from <b>Jan 13, 1951</b> to <b>Jan 20, 1951</b> , that I last saw the deceased alive on <b>Jan 20, 1951</b> , and that death occurred at <b>1:30 p.m.</b> from the causes and on the date stated above.  |  |  |   |  |  | 23A. SIGNATURE<br><b>Chas. H. Harper</b>   |  |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>BURIAL</b>   |  |  | 24B. DATE<br><b>1/23/51</b>   |  |  | 24C. NAME OF CEMETERY OR CREMATORY<br><b>PLEASANT REST</b>                                       |  |  |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>JAN 23 1951</b>   |  |  | REGISTRAR'S SIGNATURE<br><b>Chas. H. Harper</b>   |  |  | 25. FUNERAL DIRECTOR<br><b>Chas. H. Harper</b>   |  |  |
|  |  |  |   |  |  | ADDRESS<br><b>512 N. CARROLLTON AVE</b>  |  |  |

MEDICAL CERTIFICATION



WATKINS

WATKINS, JOHN W. JR.  
1000 W. 10th St. S.W.  
Oklahoma City, Okla.

Yours truly,  
John W. Watkins, Jr.

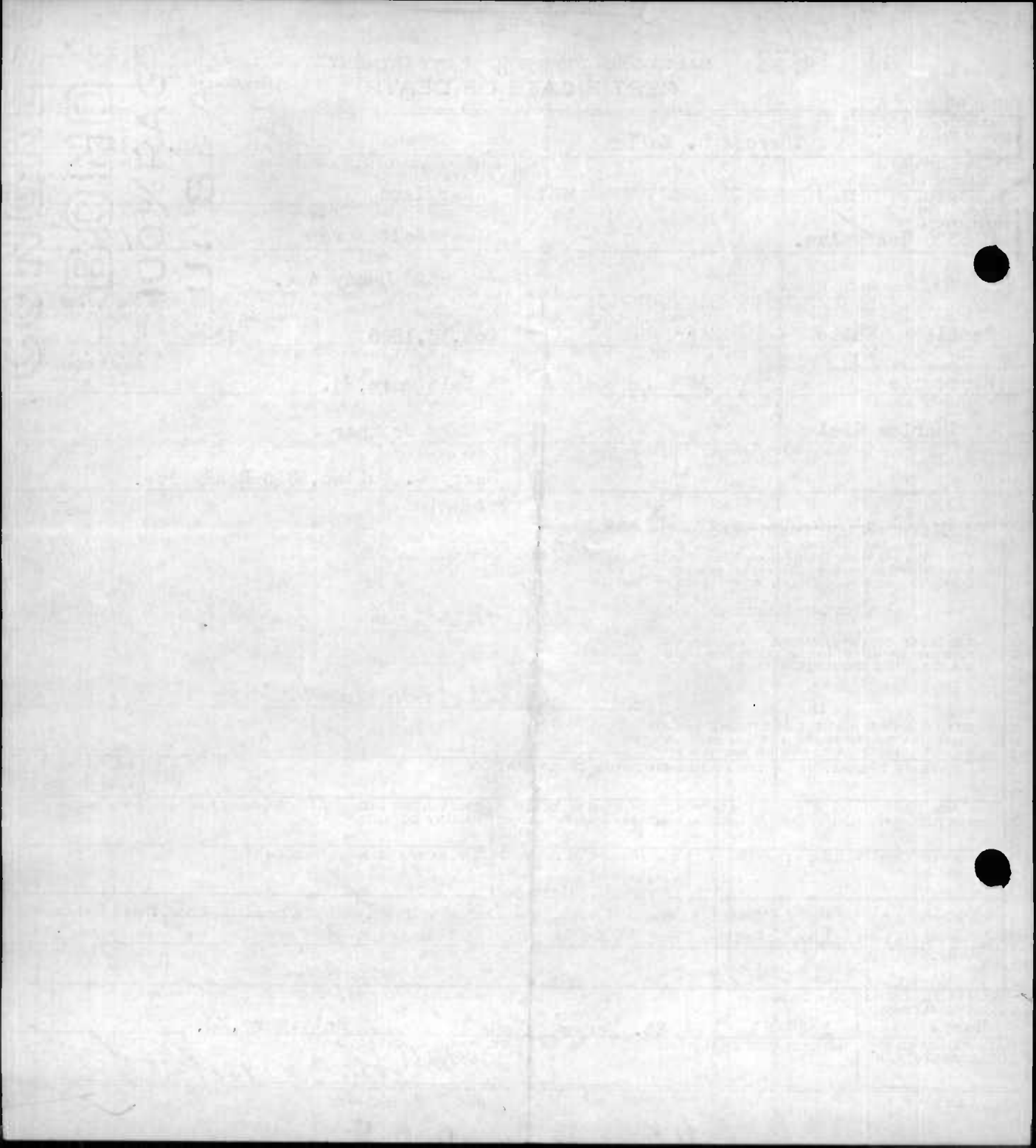
WATKINS, JOHN W. JR.  
1000 W. 10th St. S.W.  
Oklahoma City, Okla.

450  
51 0653BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 0653  
Registered No.

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| BIRTH NO.  |  | 1. NAME OF DECEASED<br>(Type or Print)  |  | 2. DATE OF DEATH  |  |
|  |  | Theresa B. Mullen   |  | Jan. 22, 1951   |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland  |  |   |  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) |  |
| B. FULL NAME OF HOSPITAL OR INSTITUTION<br>5325 Ready Ave.   |  |   |  | A. STATE<br>Maryland  |  |
| C. Length of stay in Baltimore   |  |   |  | B. COUNTY   |  |
| 5. SEX<br>Female   |  |   |  | C. CITY OR TOWN<br>Baltimore  |  |
| 6. COLOR OR RACE<br>White  |  |   |  | D. STREET ADDRESS (If rural, give location)<br>5325 Ready Ave.                        |  |
| 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br>Married   |  |   |  | 8. DATE OF BIRTH<br>Oct. 13, 1885   |  |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Housewife   |  |   |  | 9. AGE (In years last birthday)<br>65   |  |
| 10B. KIND OF BUSINESS OR INDUSTRY<br>At home   |  |   |  | 11. BIRTHPLACE (State or foreign country)<br>Baltimore, Md.                           |  |
| 13. FATHER'S NAME<br>Charles Kiel  |  |   |  | 12. CITIZEN OF WHAT COUNTRY?  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)<br>No   |  |   |  | 14. MOTHER'S MAIDEN NAME<br>Mary Brunner  |  |
| 16. SOCIAL SECURITY NO.  |  |   |  | 17. INFORMANT<br>Harry C. Mullen, 5325 Ready Ave.                                     |  |
| 18. 442X<br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br>CAUSE OF DEATH<br>Antiscorbutic<br>DUE TO<br>ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br>II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. |  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br>1940<br>1940<br>1951                              |  |
| 19A. DATE OF OPERATION   |  | 19B. MAJOR FINDINGS OF OPERATION  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |  |
| 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)   |  | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                  |  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)              |  |
| 21D. TIME (Month) (Day) (Year) (Hour)<br>INJURY  |  | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21F. HOW DID INJURY OCCUR?  |  |
| 22. I hereby certify that I attended the deceased from April, 1940, to Jan 22, 1951, that I last saw the deceased alive on Jan 2, 1950, and that death occurred at 6 A. M., from the causes and on the date stated above.  |  |   |  |   |  |
| 23A. SIGNATURE<br>J. M. Bishop   |  | 23B. ADDRESS<br>503 Shudson Ave.<br>M. D.   |  | 23C. DATE SIGNED<br>1/22/51   |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial  |  | 24B. DATE<br>1/25/51  |  | 24C. NAME OF CEMETERY OR CREMATORY<br>St. Marys Govans                                |  |
| DATE RECEIVED BY LOCAL REGISTRAR   |  | REGISTRAR'S SIGNATURE<br>Washington Williams, M.D.  |  | 24D. LOCATION (City, town, or county) (State)<br>Baltimore, Md.                       |  |
|  |  | 25. FUNERAL DIRECTOR<br>J. M. Bishop  |  | ADDRESS<br>1219 St Paul St  |  |

JAN 23 1951

131a



51 0654

EARTER

51 0654

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Lillian Mae Carter

2. DATE  
OF  
DEATH

1/20/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

4809 Laurel Ave

Yrs.  
Mos.  
Days

C. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

7/25/1879

9. AGE (In years  
last birthday)

71

If Under 1 Year  
Months Days  
If Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Honor wife

10B. KIND OF BUSINESS OR  
INDUSTRY

Own Home

13. FATHER'S NAME

John Daddo

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF  
WHAT COUNTRY?15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Harry Carter 4809 Laurel Ave

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Coronary Thrombosis

DUE TO

INTERVAL BETWEEN  
ONSET AND DEATH

Sudden.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Arterio Sclerosis - Hypertension

DUE TO

10 yrs.

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Chronic nephritis

10 yrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1941, to Jan 20, 1951, that I last saw the  
deceased alive on Dec. 8, 1950, and that death occurred at 11:55 A.M., from the causes and on the date stated above.

23A. SIGNATURE

F. L. De Barbieri

M. D.

23B. ADDRESS

4723 Park Heights Jan 22 1951

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION: (Specify)

Burial

24B. DATE

1/24/51

24C. NAME OF CEMETERY OR CREMATORY

London Park

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

JAN 23 1951

REGISTRAR'S SIGNATURE

F. L. De Barbieri

25. FUNERAL DIRECTOR

ADDRESS

Wm. Cook, Inc. 1217 St. Paul St.

VS 150

F. L. De Barbieri 510000653

121a

MEDICAL CERTIFICATION



520  
51 - 0655BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

51 0655

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Otto F. Kuhnke

2. DATE  
OF  
DEATH

12/20/51 1:50 P.M.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

5600 Brenton Heights Ave

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Sheet Metal Worker

10B. KIND OF BUSINESS OR INDUSTRY

Gro. Wahmanns

13. FATHER'S NAME

Otto Kuhnke

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

12/4/1899

9. AGE (In years last birthday)

51

11 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Wilhelmina Dennenen

17. INFORMANT

Heinrich Kuhnke 5600 Brenton Heights Ave

ADDRESS

18.

162X I  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

## CAUSE OF DEATH

(A) DUE TO

(B) DUE TO

(C) DUE TO

INTERVAL BETWEEN ONSET AND DEATH

Metastatic Carcinoma of Esophagus approx 15 mo.

Pneumonia for Bronchogenic Carcinoma 11/49.

Esophagus secondary to pneumonia.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

Nov. 1949

19B. MAJOR FINDINGS OF OPERATION

Bronchogenic Carcinoma

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1950 to Jan 20, 1951 that I last saw the deceased alive on Jan 20, 1951 and that death occurred at 2:15 P.M., from the causes and on the date stated above.

23A. SIGNATURE

John E. Miller

23B. ADDRESS

M. D. 1114 St. Paul St.

23C. DATE SIGNED

Jan 22, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

1/23/51

24C. NAME OF CEMETERY OR CREMATORY

Parkwood

24D. LOCATION (City, town or county) (State)

Parkville Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 23 1951

J. E. Miller, Jr.

J. E. Cook Inc. 1217 St. Paul St.





620  
51 0856GROSS  
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH27739  
51 0856  
Registered No.

|  |  |                                  |   |  |  |  |  |  |  |                              |  |                               |  |  |  |
|--|--|----------------------------------|---|--|--|--|--|--|--|------------------------------|--|-------------------------------|--|--|--|
| BIRTH NO.  |  |                                  | 1. NAME OF DECEASED<br>(Type or Print) <i>Virginia Gross</i>  |  |  | 2. DATE OF DEATH <i>Jan 22, 1951</i>               |  |  |  |                              |  |                               |  |  |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland  |  |                                  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <i>Pa</i><br>B. COUNTY <i>Lansdowne</i><br>C. CITY OR TOWN <i>126 Owen Road, Lansdowne, Pa</i><br>(If outside corporate limits, write RURAL and give township)<br><i>Baltimore, Md. LANSDOWNE, PA.</i><br>D. STREET ADDRESS (If rural, give location) |  |  |  |  |  |  |                              |  |                               |  |  |  |
| B. FULL NAME OF HOSPITAL OR INSTITUTION<br><i>University Hospital</i>  |  |                                  | Yrs. Mos. Days  |  |  | 5. LENGTH OF STAY IN BALTIMORE                     |  |  |  |                              |  |                               |  |  |  |
| 5. SEX<br><i>Female</i>  |  | 6. COLOR OR RACE<br><i>White</i> |   | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><i>Single</i> |  | 8. DATE OF BIRTH<br><i>Feb. 4, 1909</i>            |  | 9. AGE (In years last birthday)<br><i>41</i>                           |  | If Under 1 Year Months: Days |  | If Under 24 Hours Hours: Min. |  |  |  |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><i>School Teacher</i> |  |                                  |   | 10B. KIND OF BUSINESS OR INDUSTRY<br><i>Mr. Clair, N.J.</i>      |  |  |  | 11. BIRTHPLACE (State or foreign country)<br><i>Fort Scott, Kansas</i> |  |                              |  | 12. CITIZEN OF WHAT COUNTRY?  |  |  |  |
| 13. FATHER'S NAME<br><i>John H. Gross</i>  |  |                                  |   |  |  | 14. MOTHER'S MAIDEN NAME<br><i>Kathryn Tallman</i> |  |  |  |                              |  |                               |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)              |  |                                  |   | 16. SOCIAL SECURITY NO.<br><i>207 14 8147</i>                    |  |  |  | 17. INFORMANT<br><i>Johnson + Son Lansdowne Pa</i>                     |  |                              |  | ADDRESS                       |  |  |  |

|   |  |                                |  |                                  |  |
|---|--|--------------------------------|--|----------------------------------|--|
| 18. <i>E816.4</i><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) |  | CAUSE OF DEATH                 |  | INTERVAL BETWEEN ONSET AND DEATH |  |
| (A) <i>Cerebral Conduction</i>  |  | (A) <i>Cerebral Conduction</i> |  |                                  |  |
| ANTECEDENT CAUSES   |  | (B) <i>Fracture Rt. Femur</i>  |  |                                  |  |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.   |  | (C)                            |  |                                  |  |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   |  |                                |  |                                  |  |

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 19A. DATE OF OPERATION  |  | 19B. MAJOR FINDINGS OF OPERATION  |  | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>   |  |
| 21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.   |  | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><i>Highway</i>        |  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)<br><i>U. S. Route 1, 300' north of State Route 32, Guilford 6200</i> |  |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY<br><i>Jan. 1, 1951 8:15 A.m.</i>  |  | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> |  | 21F. HOW DID INJURY OCCUR?<br><i>Auto and auto collision</i>  |  |
| 22. I certify that I took charge of the remains described above, held an <i>Partial Autopsy</i> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> . |  |   |  |   |  |
| 23A. SIGNATURE<br><i>William V. Cook</i>  |  | 23B. CHIEF MEDICAL EXAMINER.....<br>ASSISTANT MEDICAL EXAMINER.....<br>M.D. MEDICAL INVESTIGATOR.....             |  | 23C. DATE SIGNED<br><i>Jan 22 1951</i>  |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><i>Removal</i>   |  | 24B. DATE<br><i>1/23/51</i>   |  | 24C. NAME OF CEMETERY OR CREMATORY<br><i>Lansdowne Pa.</i>  |  |
| 24D. LOCATION (City, town, or county) (State)<br><i>Pa.</i>   |  | 25. FUNERAL DIRECTOR<br><i>William Cook Inc. 1217 St Paul St</i>  |  |   |  |

DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

1921

12/15/21

12/15/21

12/15/21

12/15/21

12/15/21

12/15/21

12/15/21

12/15/21

12/15/21

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12/15/21

12/15/21

12/15/21

12/15/21

12/15/21

51 0657

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 0657  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

CARL

ROSE Jr.

2. DATE  
OF  
DEATH

January 22, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1837 E. Lombard Street

Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Nov. 31, 1923

9. AGE (In years  
last birthday)

27

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Shipping Clerk

10B. KIND OF BUSINESS OR  
INDUSTRY

Inland Steel Co

11. BIRTHPLACE (State or foreign country)

Kentucky

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Dewey Rose

Steel Producer (P)

14. MOTHER'S MAIDEN NAME

Dixie Wright

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

WW 2

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Fern Roberts, 914 Quantrill Way

18. 432X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Purulent pericarditis

DUE TO lobar pneumonia, right upper lobe

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from  
Autopsy, Inspection or Inquiry  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

Stanley B. Dunbar M.D.

23B. CHIEF MEDICAL EXAMINER.....☐ASSISTANT MEDICAL EXAMINER.....☒

23C. DATE SIGNED

Jan. 22, 1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Removal

24B. DATE

1/23/51

24C. NAME OF CEMETERY OR CREMATORY

Whitesbury

24D. LOCATION (City, town, or county)

Whitesbury, Ky.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

V S JAN 23 1951

95 13823D 0656

108

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

|   |  |
|---|--|
| <p>1. Name of deceased: _____</p>       |  |
| <p>2. Date of death: _____</p>          |  |
| <p>3. Place of death: _____</p>         |  |
| <p>4. Cause of death: _____</p>         |  |
| <p>5. Signature of physician: _____</p> |  |
| <p>6. Signature of registrar: _____</p> |  |
| <p>7. Date of registration: _____</p>   |  |
| <p>8. Registrar's office: _____</p>     |  |
| <p>9. County: _____</p>                 |  |
| <p>10. State: _____</p>                 |  |
| <p>11. City: _____</p>                  |  |
| <p>12. Zip: _____</p>                   |  |
| <p>13. Age: _____</p>                   |  |
| <p>14. Sex: _____</p>                   |  |
| <p>15. Race: _____</p>                  |  |
| <p>16. Marital status: _____</p>        |  |
| <p>17. Education: _____</p>             |  |
| <p>18. Occupation: _____</p>            |  |
| <p>19. Date of birth: _____</p>         |  |
| <p>20. Date of death: _____</p>         |  |
| <p>21. Date of registration: _____</p>  |  |
| <p>22. Registrar's office: _____</p>    |  |
| <p>23. County: _____</p>                |  |
| <p>24. State: _____</p>                 |  |
| <p>25. City: _____</p>                  |  |
| <p>26. Zip: _____</p>                   |  |
| <p>27. Age: _____</p>                   |  |
| <p>28. Sex: _____</p>                   |  |
| <p>29. Race: _____</p>                  |  |
| <p>30. Marital status: _____</p>        |  |
| <p>31. Education: _____</p>             |  |
| <p>32. Occupation: _____</p>            |  |
| <p>33. Date of birth: _____</p>         |  |
| <p>34. Date of death: _____</p>         |  |
| <p>35. Date of registration: _____</p>  |  |
| <p>36. Registrar's office: _____</p>    |  |
| <p>37. County: _____</p>                |  |
| <p>38. State: _____</p>                 |  |
| <p>39. City: _____</p>                  |  |
| <p>40. Zip: _____</p>                   |  |
| <p>41. Age: _____</p>                   |  |
| <p>42. Sex: _____</p>                   |  |
| <p>43. Race: _____</p>                  |  |
| <p>44. Marital status: _____</p>        |  |
| <p>45. Education: _____</p>             |  |
| <p>46. Occupation: _____</p>            |  |
| <p>47. Date of birth: _____</p>         |  |
| <p>48. Date of death: _____</p>         |  |
| <p>49. Date of registration: _____</p>  |  |
| <p>50. Registrar's office: _____</p>    |  |
| <p>51. County: _____</p>                |  |
| <p>52. State: _____</p>                 |  |
| <p>53. City: _____</p>                  |  |
| <p>54. Zip: _____</p>                   |  |
| <p>55. Age: _____</p>                   |  |
| <p>56. Sex: _____</p>                   |  |
| <p>57. Race: _____</p>                  |  |
| <p>58. Marital status: _____</p>        |  |
| <p>59. Education: _____</p>             |  |
| <p>60. Occupation: _____</p>            |  |
| <p>61. Date of birth: _____</p>         |  |
| <p>62. Date of death: _____</p>         |  |
| <p>63. Date of registration: _____</p>  |  |
| <p>64. Registrar's office: _____</p>    |  |
| <p>65. County: _____</p>                |  |
| <p>66. State: _____</p>                 |  |
| <p>67. City: _____</p>                  |  |
| <p>68. Zip: _____</p>                   |  |
| <p>69. Age: _____</p>                   |  |
| <p>70. Sex: _____</p>                   |  |
| <p>71. Race: _____</p>                  |  |
| <p>72. Marital status: _____</p>        |  |
| <p>73. Education: _____</p>             |  |
| <p>74. Occupation: _____</p>            |  |
| <p>75. Date of birth: _____</p>         |  |
| <p>76. Date of death: _____</p>         |  |
| <p>77. Date of registration: _____</p>  |  |
| <p>78. Registrar's office: _____</p>    |  |
| <p>79. County: _____</p>                |  |
| <p>80. State: _____</p>                 |  |
| <p>81. City: _____</p>                  |  |
| <p>82. Zip: _____</p>                   |  |
| <p>83. Age: _____</p>                   |  |
| <p>84. Sex: _____</p>                   |  |
| <p>85. Race: _____</p>                  |  |
| <p>86. Marital status: _____</p>        |  |
| <p>87. Education: _____</p>             |  |
| <p>88. Occupation: _____</p>            |  |
| <p>89. Date of birth: _____</p>         |  |
| <p>90. Date of death: _____</p>         |  |
| <p>91. Date of registration: _____</p>  |  |
| <p>92. Registrar's office: _____</p>    |  |
| <p>93. County: _____</p>                |  |
| <p>94. State: _____</p>                 |  |
| <p>95. City: _____</p>                  |  |
| <p>96. Zip: _____</p>                   |  |
| <p>97. Age: _____</p>                   |  |
| <p>98. Sex: _____</p>                   |  |
| <p>99. Race: _____</p>                  |  |
| <p>100. Marital status: _____</p>       |  |
| <p>101. Education: _____</p>            |  |
| <p>102. Occupation: _____</p>           |  |
| <p>103. Date of birth: _____</p>        |  |
| <p>104. Date of death: _____</p>        |  |
| <p>105. Date of registration: _____</p> |  |
| <p>106. Registrar's office: _____</p>   |  |
| <p>107. County: _____</p>               |  |
| <p>108. State: _____</p>                |  |
| <p>109. City: _____</p>                 |  |
| <p>110. Zip: _____</p>                  |  |
| <p>111. Age: _____</p>                  |  |
| <p>112. Sex: _____</p>                  |  |
| <p>113. Race: _____</p>                 |  |
| <p>114. Marital status: _____</p>       |  |
| <p>115. Education: _____</p>            |  |
| <p>116. Occupation: _____</p>           |  |
| <p>117. Date of birth: _____</p>        |  |
| <p>118. Date of death: _____</p>        |  |
| <p>119. Date of registration: _____</p> |  |
| <p>120. Registrar's office: _____</p>   |  |
| <p>121. County: _____</p>               |  |
| <p>122. State: _____</p>                |  |
| <p>123. City: _____</p>                 |  |
| <p>124. Zip: _____</p>                  |  |
| <p>125. Age: _____</p>                  |  |
| <p>126. Sex: _____</p>                  |  |
| <p>127. Race: _____</p>                 |  |
| <p>128. Marital status: _____</p>       |  |
| <p>129. Education: _____</p>            |  |
| <p>130. Occupation: _____</p>           |  |
| <p>131. Date of birth: _____</p>        |  |
| <p>132. Date of death: _____</p>        |  |
| <p>133. Date of registration: _____</p> |  |
| <p>134. Registrar's office: _____</p>   |  |
| <p>135. County: _____</p>               |  |
| <p>136. State: _____</p>                |  |
| <p>137. City: _____</p>                 |  |
| <p>138. Zip: _____</p>                  |  |
| <p>139. Age: _____</p>                  |  |
| <p>140. Sex: _____</p>                  |  |
| <p>141. Race: _____</p>                 |  |
| <p>142. Marital status: _____</p>       |  |
| <p>143. Education: _____</p>            |  |
| <p>144. Occupation: _____</p>           |  |
| <p>145. Date of birth: _____</p>        |  |
| <p>146. Date of death: _____</p>        |  |
| <p>147. Date of registration: _____</p> |  |
| <p>148. Registrar's office: _____</p>   |  |
| <p>149. County: _____</p>               |  |
| <p>150. State: _____</p>                |  |
| <p>151. City: _____</p>                 |  |
| <p>152. Zip: _____</p>                  |  |
| <p>153. Age: _____</p>                  |  |
| <p>154. Sex: _____</p>                  |  |
| <p>155. Race: _____</p>                 |  |
| <p>156. Marital status: _____</p>       |  |
| <p>157. Education: _____</p>            |  |
| <p>158. Occupation: _____</p>           |  |
| <p>159. Date of birth: _____</p>        |  |
| <p>160. Date of death: _____</p>        |  |
| <p>161. Date of registration: _____</p> |  |
| <p>162. Registrar's office: _____</p>   |  |
| <p>163. County: _____</p>               |  |
| <p>164. State: _____</p>                |  |
| <p>165. City: _____</p>                 |  |
| <p>166. Zip: _____</p>                  |  |
| <p>167. Age: _____</p>                  |  |
| <p>168. Sex: _____</p>                  |  |
| <p>169. Race: _____</p>                 |  |
| <p>170. Marital status: _____</p>       |  |
| <p>171. Education: _____</p>            |  |
| <p>172. Occupation: _____</p>           |  |
| <p>173. Date of birth: _____</p>        |  |
| <p>174. Date of death: _____</p>        |  |
| <p>175. Date of registration: _____</p> |  |
| <p>176. Registrar's office: _____</p>   |  |
| <p>177. County: _____</p>               |  |
| <p>178. State: _____</p>                |  |
| <p>179. City: _____</p>                 |  |
| <p>180. Zip: _____</p>                  |  |
| <p>181. Age: _____</p>                  |  |
| <p>182. Sex: _____</p>                  |  |
| <p>183. Race: _____</p>                 |  |
| <p>184. Marital status: _____</p>       |  |
| <p>185. Education: _____</p>            |  |
| <p>186. Occupation: _____</p>           |  |
| <p>187. Date of birth: _____</p>        |  |
| <p>188. Date of death: _____</p>        |  |
| <p>189. Date of registration: _____</p> |  |
| <p>190. Registrar's office: _____</p>   |  |
| <p>191. County: _____</p>               |  |
| <p>192. State: _____</p>                |  |
| <p>193. City: _____</p>                 |  |
| <p>194. Zip: _____</p>                  |  |
| <p>195. Age: _____</p>                  |  |
| <p>196. Sex: _____</p>                  |  |
| <p>197. Race: _____</p>                 |  |
| <p>198. Marital status: _____</p>       |  |
| <p>199. Education: _____</p>            |  |
| <p>200. Occupation: _____</p>           |  |
| <p>201. Date of birth: _____</p>        |  |
| <p>202. Date of death: _____</p>        |  |
| <p>203. Date of registration: _____</p> |  |
| <p>204. Registrar's office: _____</p>   |  |
| <p>205. County: _____</p>               |  |
| <p>206. State: _____</p>                |  |
| <p>207. City: _____</p>                 |  |
| <p>208. Zip: _____</p>                  |  |
| <p>209. Age: _____</p>                  |  |
| <p>210. Sex: _____</p>                  |  |
| <p>211. Race: _____</p>                 |  |
| <p>212. Marital status: _____</p>       |  |
| <p>213. Education: _____</p>            |  |
| <p>214. Occupation: _____</p>           |  |
| <p>215. Date of birth: _____</p>        |  |
| <p>216. Date of death: _____</p>        |  |
| <p>217. Date of registration: _____</p> |  |
| <p>218. Registrar's office: _____</p>   |  |
| <p>219. County: _____</p>               |  |
| <p>220. State: _____</p>                |  |
| <p>221. City: _____</p>                 |  |
| <p>222. Zip: _____</p>                  |  |
| <p>223. Age: _____</p>                  |  |
| <p>224. Sex: _____</p>                  |  |
| <p>225. Race: _____</p>                 |  |
| <p>226. Marital status: _____</p>       |  |
| <p>227. Education: _____</p>            |  |
| <p>228. Occupation: _____</p>           |  |
| <p>229. Date of birth: _____</p>        |  |
| <p>230. Date of death: _____</p>        |  |
| <p>231. Date of registration: _____</p> |  |
| <p>232. Registrar's office: _____</p>   |  |
| <p>233. County: _____</p>               |  |
| <p>234. State: _____</p>                |  |
| <p>235. City: _____</p>                 |  |
| <p>236. Zip: _____</p>                  |  |
| <p>237. Age: _____</p>                  |  |
| <p>238. Sex: _____</p>                  |  |
| <p>239. Race: _____</p>                 |  |
| <p>240. Marital status: _____</p>       |  |
| <p>241. Education: _____</p>            |  |
| <p>242. Occupation: _____</p>           |  |
| <p>243. Date of birth: _____</p>        |  |
| <p>244. Date of death: _____</p>        |  |
| <p>245. Date of registration: _____</p> |  |
| <p>246. Registrar's office: _____</p>   |  |
| <p>247. County: _____</p>               |  |
| <p>248. State: _____</p>                |  |
| <p>249. City: _____</p>                 |  |
| <p>250. Zip: _____</p>                  |  |
| <p>251. Age: _____</p>                  |  |
| <p>252. Sex: _____</p>                  |  |
| <p>253. Race: _____</p>                 |  |
| <p>254. Marital status: _____</p>       |  |
| <p>255. Education: _____</p>            |  |
| <p>256. Occupation: _____</p>           |  |
| <p>257. Date of birth: _____</p>        |  |
| <p>258. Date of death: _____</p>        |  |
| <p>259. Date of registration: _____</p> |  |
| <p>260. Registrar's office: _____</p>   |  |
| <p>261. County: _____</p>               |  |
| <p>262. State: _____</p>                |  |
| <p>263. City: _____</p>                 |  |
| <p>264. Zip: _____</p>                  |  |
| <p>265. Age: _____</p>                  |  |
| <p>266. Sex: _____</p>                  |  |
| <p>267. Race: _____</p>                 |  |
| <p>268. Marital status: _____</p>       |  |
| <p>269. Education: _____</p>            |  |
| <p>270. Occupation: _____</p>           |  |
| <p>271. Date of birth: _____</p>        |  |
| <p>272. Date of death: _____</p>        |  |
| <p>273. Date of registration: _____</p> |  |
| <p>274. Registrar's office: _____</p>   |  |
| <p>275. County: _____</p>               |  |
| <p>276. State: _____</p>                |  |
| <p>277. City: _____</p>                 |  |
| <p>278. Zip: _____</p>                  |  |
| <p>279. Age: _____</p>                  |  |
| <p>280. Sex: _____</p>                  |  |
| <p>281. Race: _____</p>                 |  |
| <p>282. Marital status: _____</p>       |  |
| <p>283. Education: _____</p>            |  |
| <p>284. Occupation: _____</p>           |  |
| <p>285. Date of birth: _____</p>        |  |
| <p>286. Date of death: _____</p>        |  |
| <p>287. Date of registration: _____</p> |  |
| <p>288. Registrar's office: _____</p>   |  |
| <p>289. County: _____</p>               |  |
| <p>290. State: _____</p>                |  |
| <p>291. City: _____</p>                 |  |
| <p>292. Zip: _____</p>                  |  |
| <p>293. Age: _____</p>                  |  |
| <p>294. Sex: _____</p>                  |  |
| <p>295. Race: _____</p>                 |  |
| <p>296. Marital status: _____</p>       |  |
| <p>297. Education: _____</p>            |  |
| <p>298. Occupation: _____</p>           |  |
| <p>299. Date of birth: _____</p>        |  |
| <p>300. Date of death: _____</p>        |  |
| <p>301. Date of registration: _____</p> |  |
| <p>302. Registrar's office: _____</p>   |  |
| <p>303. County: _____</p>               |  |
| <p>304. State: _____</p>                |  |
| <p>305. City: _____</p>                 |  |
| <p>306. Zip: _____</p>                  |  |
| <p>307. Age: _____</p>                  |  |
| <p>308. Sex: _____</p>                  |  |
| <p>309. Race: _____</p>                 |  |
| <p>310. Marital status: _____</p>       |  |
| <p>311. Education: _____</p>            |  |
| <p>312. Occupation: _____</p>           |  |
| <p>313. Date of birth: _____</p>        |  |
| <p>314. Date of death: _____</p>        |  |
| <p>315. Date of registration: _____</p> |  |
| <p>316. Registrar's office: _____</p>   |  |
| <p>317. County: _____</p>               |  |
| <p>318. State: _____</p>                |  |
| <p>319. City: _____</p>                 |  |
| <p>320. Zip: _____</p>                  |  |
| <p>321. Age: _____</p>                  |  |
| <p>322. Sex: _____</p>                  |  |
| <p>323. Race: _____</p>                 |  |
| <p>324. Marital status: _____</p>       |  |
| <p>325. Education: _____</p>            |  |
| <p>326. Occupation: _____</p>           |  |
| <p>327. Date of birth: _____</p>        |  |
| <p>328. Date of death: _____</p>        |  |
| <p>329. Date of registration: _____</p> |  |
| <p>330. Registrar's office: _____</p>   |  |
| <p>331. County: _____</p>               |  |
| <p>332. State: _____</p>                |  |
| <p>333. City: _____</p>                 |  |
| <p>334. Zip: _____</p>                  |  |
| <p>335. Age: _____</p>                  |  |
| <p>336. Sex: _____</p>                  |  |
| <p>337. Race: _____</p>                 |  |
| <p>338. Marital status: _____</p>       |  |
| <p>339. Education: _____</p>            |  |
| <p>340. Occupation: _____</p>           |  |
| <p>341. Date of birth: _____</p>        |  |
| <p>342. Date of death: _____</p>        |  |
| <p>343. Date of registration: _____</p> |  |
| <p>344. Registrar's office: _____</p>   |  |
| <p>345. County: _____</p>               |  |
| <p>346. State: _____</p>                |  |
| <p>347. City: _____</p>                 |  |
| <p>348. Zip: _____</p>                  |  |
| <p>349. Age: _____</p>                  |  |
| <p>350. Sex: _____</p>                  |  |
| <p>351. Race: _____</p>                 |  |
| <p>352. Marital status: _____</p>       |  |
| <p>353. Education: _____</p>            |  |
| <p>354. Occupation: _____</p>           |  |
| <p>355. Date of birth: _____</p>        |  |
| <p>356. Date of death: _____</p>        |  |
| <p>357. Date of registration: _____</p> |  |
| <p>358. Registrar's office: _____</p>   |  |
| <p>359. County: _____</p>               |  |
| <p>360. State: _____</p>                |  |
| <p>361. City: _____</p>                 |  |
| <p>362. Zip: _____</p>                  |  |
| <p>363. Age: _____</p>                  |  |
| <p>364. Sex: _____</p>                  |  |
| <p>365. Race: _____</p>                 |  |
| <p>366. Marital status: _____</p>       |  |
| <p>367. Education: _____</p>            |  |
| <p>368. Occupation: _____</p>           |  |
| <p>369. Date of birth: _____</p>        |  |
| <p>370. Date of death: _____</p>        |  |
| <p>371. Date of registration: _____</p> |  |
| <p>372. Registrar's office: _____</p>   |  |
| <p>373. County: _____</p>               |  |
| <p>374. State: _____</p>                |  |
| <p>375. City: _____</p>                 |  |
| <p>376. Zip: _____</p>                  |  |
| <p>377. Age: _____</p>                  |  |
| <p>378. Sex: _____</p>                  |  |
| <p>379. Race: _____</p>                 |  |
| <p>380. Marital status: _____</p>       |  |
| <p>381. Education: _____</p>            |  |
| <p>382. Occupation: _____</p>           |  |
| <p>383. Date of birth: _____</p>        |  |
| <p>384. Date of death: _____</p>        |  |
| <p>385. Date of registration: _____</p> |  |
| <p>386. Registrar's office: _____</p>   |  |
| <p>387. County: _____</p>               |  |
| <p>388. State: _____</p>                |  |
| <p>389. City: _____</p>                 |  |
| <p>390. Zip: _____</p>                  |  |
| <p>391. Age: _____</p>                  |  |
| <p>392. Sex: _____</p>                  |  |
| <p>393. Race: _____</p>                 |  |
| <p>394. Marital status: _____</p>       |  |
| <p>395. Education: _____</p>            |  |
| <p>396. Occupation: _____</p>           |  |
| <p>397. Date of birth: _____</p>        |  |
| <p>398. Date of death: _____</p>        |  |
| <p>399. Date of registration: _____</p> |  |
| <p>400. Registrar's office: _____</p>   |  |
| <p>401. County: _____</p>               |  |
| <p>402. State: _____</p>                |  |
| <p>403. City: _____</p>                 |  |

51 0658

CERTIFICATE CORRECTED 1-24-51

51 0658

BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

JOSEPH

E.

(HAGNER) HAGNER

2. DATE  
OF  
DEATH

January 19, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

South Baltimore General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore 24-03D. STREET ADDRESS (If rural, give location)  
1262 Riverside Ave.

Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

Nov. 11, 1889

9. AGE (in years  
last birthday)

61

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Watchman retired

10B. KIND OF BUSINESS OR  
INDUSTRY

B. &amp; ). RR

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

John Hagner

14. MOTHER'S MAIDEN NAME

Mary E. Durner

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

707-10-2522

17. INFORMANT

ADDRESS

Mrs Alice Weller, 1262 Riverside Ave.

18.

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Peritonitis and cancer of the bowels  
(rectosigmoid)

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B)  
DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from  
Autopsy, Inspection or Inquiry  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....☐

23C. DATE SIGNED

MEDICAL INVESTIGATOR.....☒

Jan. 20, 1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

1/24/51

24C. NAME OF CEMETERY OR CREMATORY

St. Peters

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 23 1951

V S 151

19 263 50 0 0 6 5 7

46 D

MEDICAL CERTIFICATION

STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

|                                       |  |                                       |  |                                       |  |  |  |
|---------------------------------------|--|---------------------------------------|--|---------------------------------------|--|--|--|
| 1. Name of deceased                   |  | 2. Sex                                |  | 3. Age                                |  | 4. Date of death                       |  |
| 5. Place of death                     |  | 6. Cause of death                     |  | 7. Manner of death                    |  | 8. Signature of physician              |  |
| 9. Signature of registrar             |  | 10. Signature of medical examiner     |  | 11. Signature of coroner              |  | 12. Signature of jury                  |  |
| 13. Signature of health officer       |  | 14. Signature of local health officer |  | 15. Signature of local health officer |  | 16. Signature of local health officer  |  |
| 17. Signature of local health officer |  | 18. Signature of local health officer |  | 19. Signature of local health officer |  | 20. Signature of local health officer  |  |
| 21. Signature of local health officer |  | 22. Signature of local health officer |  | 23. Signature of local health officer |  | 24. Signature of local health officer  |  |
| 25. Signature of local health officer |  | 26. Signature of local health officer |  | 27. Signature of local health officer |  | 28. Signature of local health officer  |  |
| 29. Signature of local health officer |  | 30. Signature of local health officer |  | 31. Signature of local health officer |  | 32. Signature of local health officer  |  |
| 33. Signature of local health officer |  | 34. Signature of local health officer |  | 35. Signature of local health officer |  | 36. Signature of local health officer  |  |
| 37. Signature of local health officer |  | 38. Signature of local health officer |  | 39. Signature of local health officer |  | 40. Signature of local health officer  |  |
| 41. Signature of local health officer |  | 42. Signature of local health officer |  | 43. Signature of local health officer |  | 44. Signature of local health officer  |  |
| 45. Signature of local health officer |  | 46. Signature of local health officer |  | 47. Signature of local health officer |  | 48. Signature of local health officer  |  |
| 49. Signature of local health officer |  | 50. Signature of local health officer |  | 51. Signature of local health officer |  | 52. Signature of local health officer  |  |
| 53. Signature of local health officer |  | 54. Signature of local health officer |  | 55. Signature of local health officer |  | 56. Signature of local health officer  |  |
| 57. Signature of local health officer |  | 58. Signature of local health officer |  | 59. Signature of local health officer |  | 60. Signature of local health officer  |  |
| 61. Signature of local health officer |  | 62. Signature of local health officer |  | 63. Signature of local health officer |  | 64. Signature of local health officer  |  |
| 65. Signature of local health officer |  | 66. Signature of local health officer |  | 67. Signature of local health officer |  | 68. Signature of local health officer  |  |
| 69. Signature of local health officer |  | 70. Signature of local health officer |  | 71. Signature of local health officer |  | 72. Signature of local health officer  |  |
| 73. Signature of local health officer |  | 74. Signature of local health officer |  | 75. Signature of local health officer |  | 76. Signature of local health officer  |  |
| 77. Signature of local health officer |  | 78. Signature of local health officer |  | 79. Signature of local health officer |  | 80. Signature of local health officer  |  |
| 81. Signature of local health officer |  | 82. Signature of local health officer |  | 83. Signature of local health officer |  | 84. Signature of local health officer  |  |
| 85. Signature of local health officer |  | 86. Signature of local health officer |  | 87. Signature of local health officer |  | 88. Signature of local health officer  |  |
| 89. Signature of local health officer |  | 90. Signature of local health officer |  | 91. Signature of local health officer |  | 92. Signature of local health officer  |  |
| 93. Signature of local health officer |  | 94. Signature of local health officer |  | 95. Signature of local health officer |  | 96. Signature of local health officer  |  |
| 97. Signature of local health officer |  | 98. Signature of local health officer |  | 99. Signature of local health officer |  | 100. Signature of local health officer |  |

51 0659

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0659

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Bessie M. Hess

2. DATE  
OF  
DEATH

1/21/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

353 Rosebank Ave

Yrs.  
Mos.  
Days

C. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md

B. COUNTY

BALTO

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

DUNKIRK

D. STREET ADDRESS (If rural, give location)

710 Dunkirk Rd

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

3/19/1876

9. AGE (In years  
last birthday)

74

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR  
INDUSTRY

Self

11. BIRTHPLACE (State or foreign country)

Penna.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Calvin Wagner

14. MOTHER'S MAIDEN NAME

Catherine Wolfe

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, or no or unknown)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Paul Crou 2520 Guilford Ave

18. 331X I

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) *Myocardial Infarction*  
DUE TOINTERVAL BETWEEN  
ONSET AND DEATH3 1/2 hrs  
15 min

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) *Arteriosclerosis*  
DUE TO  
(C)II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (In or  
about home, farm, factory, street, office bldg, etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT ☒ NOT WHILE ☐  
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 15, 1951, that I last saw the  
deceased alive on Jan 15, 1951, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

1/23/51

24C. NAME OF CEMETERY OR CREMATORY

Lorraine

24D. LOCATION (City, town or county)

Balto. Co. Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wm. C. Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

Wm. Cook Inc. 1217 St. Paul St.

JAN 23 1951

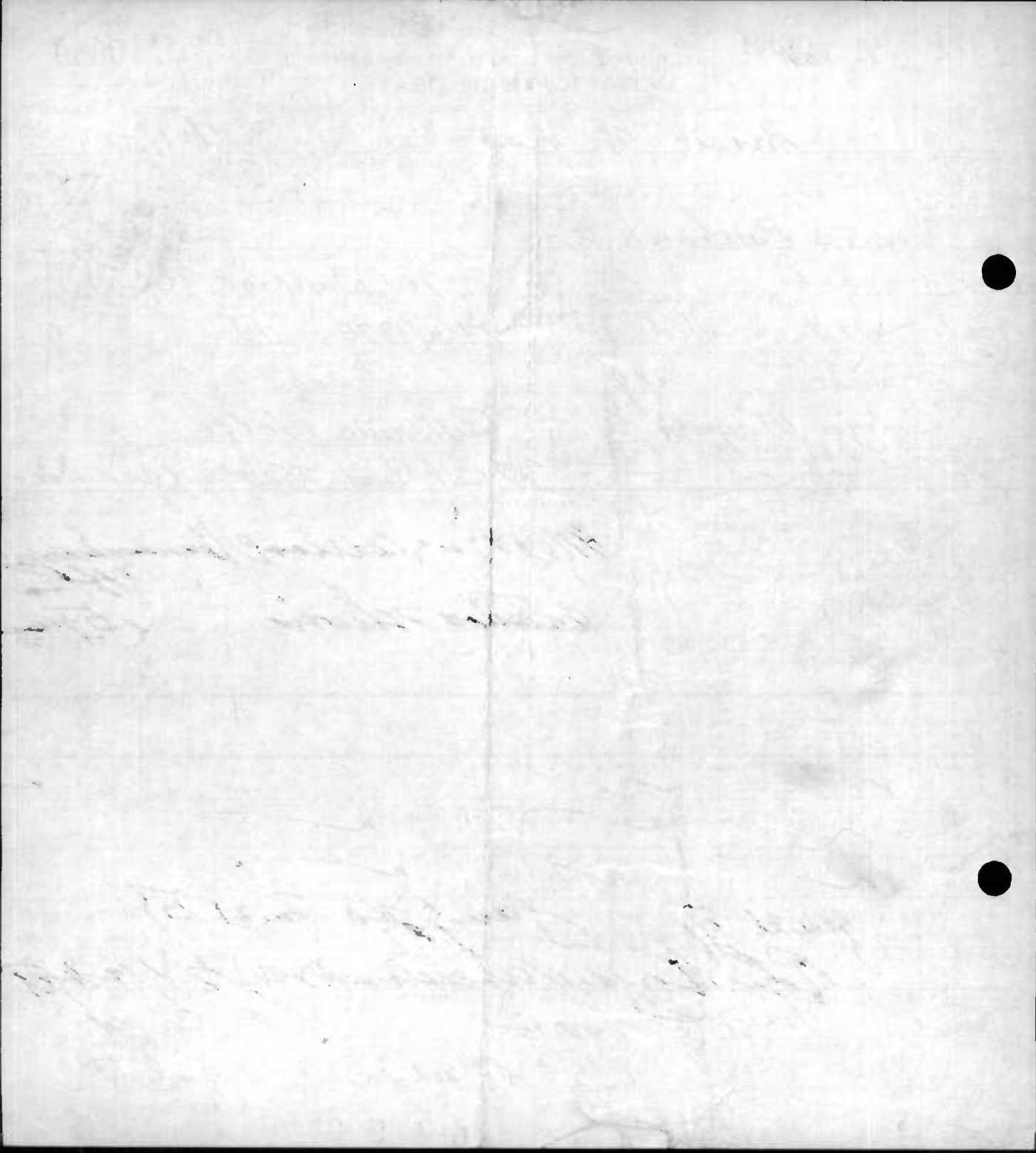
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83a

0510000650

MEDICAL CERTIFICATION





51 0660

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0660

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Cassandra Lee

2. DATE  
OF  
DEATH

Jan, 21, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTIONWashington apts.  
700 N. Charles St

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Ind.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 11-02

D. STREET ADDRESS (If rural, give location)

700 N. Charles St

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

F.

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Oct 4 1877

9. AGE (in years;  
last birthday)

73

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

✓

11. BIRTHPLACE (State or foreign country)

Belair Harford Co

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Otho Scott Lee

14. MOTHER'S MAIDEN NAME

Sallie B Griffith

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

✓

17. INFORMANT

ADDRESS

Otho S. Lee Jr. Washington apts Baltimore

18. 4221 I

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Myocardial Insufficiency

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

Arterio-sclerosis

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Cerebral Arterio-sclerosis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

None

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)

None

21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

None

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1, 1950, to Jan 21, 1951, that I last saw the deceased alive on Jan 19, 1951, and that death occurred at 11:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Dorothy Street

M. D.

23B. ADDRESS

712 Park Ave.

23C. DATE SIGNED

22 Jan 1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Jan 23 1951

24C. NAME OF CEMETERY OR CREMATORY

Green Mount

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Henry H. Jenkins &amp; Sons 4905 York Rd

JAN 23 1951

VS 150

1 0 5 1 0 0 0 0 6 5 0

937

MEDICAL CERTIFICATION

Dr. Cortin Street  
712 Park Ave

51 0661

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0661

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)*James Cof*2. DATE  
OF  
DEATH*Jan 23, 1951*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

*514 Arguith St*

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

*514 Arguith St 5-02*

5. SEX

*Male*

6. COLOR OR RACE

*Colored*

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

*Married*

8. DATE OF BIRTH

*March 15, 1892*

9. AGE (In years last birthday)

*58*

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

*Steel Worker Bethlehem Steel Co*

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

*Meherin Va*

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

*Abner Cof*

14. MOTHER'S MAIDEN NAME

*Larab Watson*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

*No*

16. SOCIAL SECURITY NO.

*213-076496*

17. INFORMANT

*Patric Cof 514 Arguith St*

ADDRESS

18. *422.1*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) *arterio-sclerotic cardiac disease*

INTERVAL BETWEEN ONSET AND DEATH

*1 year plus.*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Dec 16<sup>th</sup> 1949* to *1/21*, 1951, that I last saw the deceased alive on *1/16*, 1951, and that death occurred at *8:30 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

*1-22-51*

24A. BURIAL, CREMATION, REMOVAL (Specify)

*Removal*

24B. DATE

*Jan 25/51*

24C. NAME OF CEMETERY OR CREMATORY

*East Baltimore Cemetery, Md.*

24D. LOCATION (City, town, or county)

*Meherin Va*

(State)

DATE RECEIVED BY LOCAL REGISTRAR

*JAN 23 1951*

REGISTRAR'S SIGNATURE

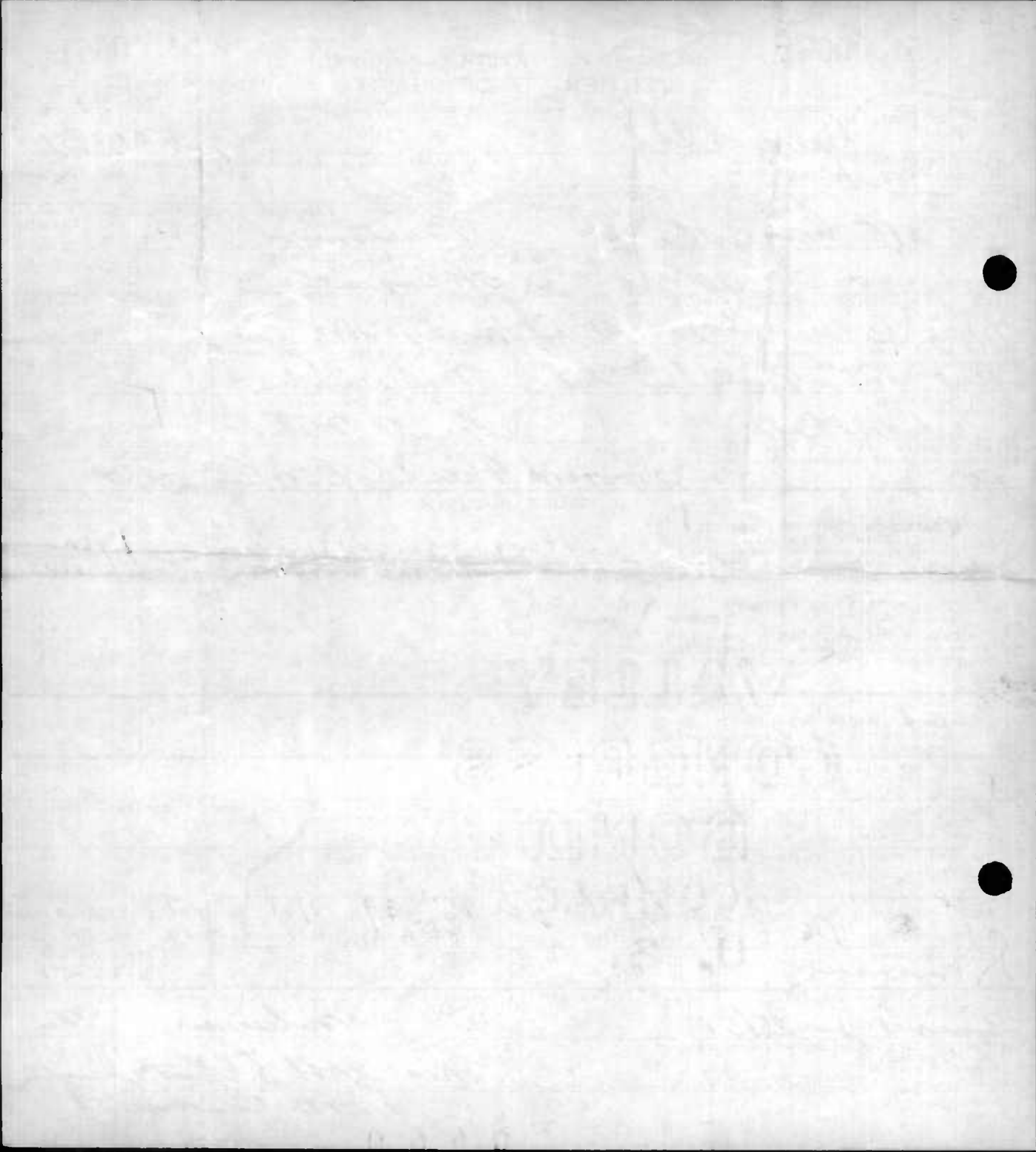
*William H. Williams, Jr.*

25. FUNERAL DIRECTOR

*Mrs. G. H. Elliott & Daugherty*

ADDRESS

*1129 N. Caroline St.*



120  
51 0662BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 0662  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Alice Davis

2. DATE  
OF DEATH Jan. 20, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)  
1603 Madison Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)  
Baltimore 14-02

D. STREET ADDRESS (If rural, give location)

1603 Madison Ave

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)  
Married

8. DATE OF BIRTH

June 23, 1918

9. AGE (In years last birthday)

32

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

William Conyer

14. MOTHER'S MAIDEN NAME

Viola Hasten

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr Clarence Davis 1603 Madison Ave.

18. 002X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)(A) .....  
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) .....  
DUE TO

(C) .....

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 15, 1951, to Jan. 20, 1951, that I last saw the deceased alive on Jan. 20, 1951, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

2530 - Madison Ave.

23C. DATE SIGNED

Jan. 21/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

1-24-51

Mt. Auburn Cem

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

Wilmington Williams, Jr.

Mrs. Frances A. Hensley

W. Biddle St.

510000661

13B



RECEIVED IN 1962

THE DEATH

VALLEY  
CONCRETE  
LIBRARY  
100 ARAC  
U.S.



S40  
51 0663BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 0663

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Adelaide L. Hummel

2. DATE

OF DEATH Jan. 21, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

White Park Apts. 2200 Park Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE  
Maryland

B. COUNTY before admission)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore, Maryland 12-01

D. STREET ADDRESS (If rural, give location)

2200 Park Ave.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Aug. 10, 1904

9. AGE (In years

last birthday)

46

10. Under 1 Year

Months; Days

5 11

11. Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House-wife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Cleveland, Ohio

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Harry T. Lee

14. MOTHER'S MAIDEN NAME

Anna Cohen

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Melvin Hummel 2200 Park Ave. 17

18. 420.1

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute coronary thrombosis

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT

WORK ☐

NOT WHILE

AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sep 1943, to Jan 21, 1951, that I last saw the deceased alive on Jan 21, 1951, and that death occurred at 7:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

Jan. 23, 1951

Baltimore Hebrew

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 23 1951

Huntington Williams, M.D.

David Sordheim

1902 Eutaw Place

VS 150

1510000662

94a

DEPARTMENT OF HEALTH  
STATE OF NEW YORK  
CERTIFICATE OF DEATH

1923

FILE NO.  
LOCAL NO.

DATE OF DEATH

PLACE OF DEATH

AGE

SEX

RACE

EDUCATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF ENTRY

REMARKS

SIGNATURE

DATE

PLACE

52 51 0664

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 0664  
Registered No.

ND-144488

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Robert Ellinghouse

2. DATE  
OF  
DEATH Jan. 22, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)Baltimore City Hospitals  
4940 Eastern Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

859 Mc Aleer Court

Length of stay in Baltimore

25 Years

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Oct. 28, 1885

9. AGE (In years  
last birthday)

65

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

CHEF

10B. KIND OF BUSINESS OR  
INDUSTRY

RESTAURANT

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.17. INFORMANT Baltimore City Hospitals  
Records: 4940 Eastern Avenue

18. 446X I

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Senile Emphysema

Years

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Generalized Arteriosclerosis

Years

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Arteriolar Nephro-Sclerosis

Years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-24, 1950, to 1-22, 1951 that I last saw the  
deceased alive on 1-22, 1951, and that death occurred at 2:45 a. m., from the causes and on the date stated above.

23A. SIGNATURE

J. D. Hogan M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

1-22-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

Jan 24/51

24C. NAME OF CEMETERY OR CREMATORY

Mt Carmel

24D. LOCATION (City, town, or county)

Balt

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Ulrich Funeral Home 2004 Calverton

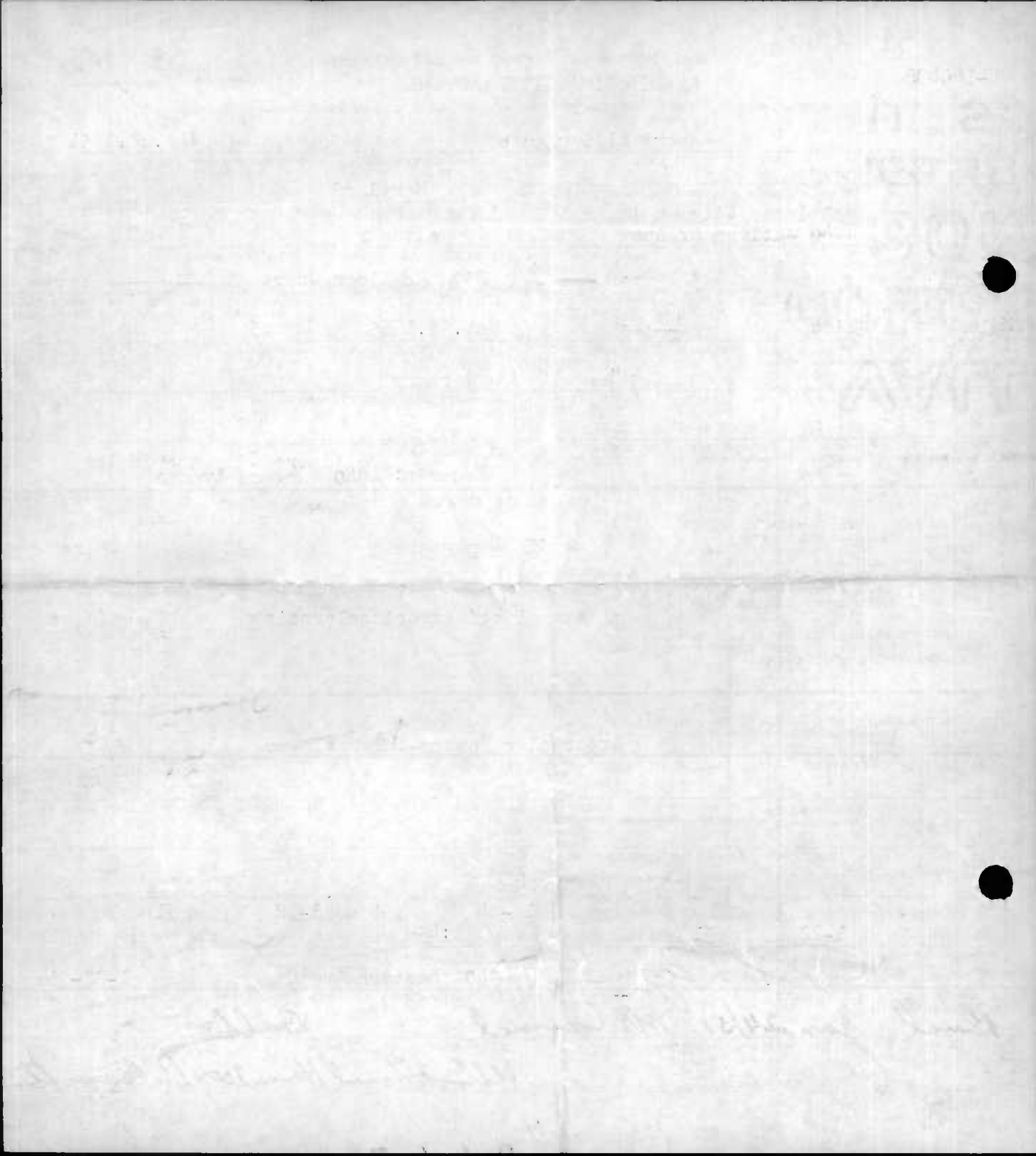
JAN 23 1951

Therington Williams, Jr.

1 2 5 7 54 6 4

131a

MEDICAL CERTIFICATION



51 0665

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 0665

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

DOHNEA CALVIN NYGREN

2. DATE

OF DEATH Jan. 22, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

814 St. Paul Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

814 St. Paul Street

Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

April 6 1876

9. AGE (In years  
last birthday)

74

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Checker at Belvedere Hotel

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Cavall Co

12. CITIZEN OF  
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Nicholas S. Nygren

14. MOTHER'S MAIDEN NAME

Mary Schwartzbaugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

none

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Carl H. Nygren Christminster

18. 4221

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular

DUE TO

disease

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B)  
DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN  
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Ing. & Inspection thereon and from  
Autopsy, Inspection or Inquiry  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. Bozette

23B. CHIEF MEDICAL EXAMINER.....☐

23C. DATE SIGNED

M.D.

MEDICAL INVESTIGATOR.....☐

Jan. 23, 1951

24A. BURIAL, CREMA-  
TION (REMOVAL) (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 151

JAN 23 1951

93D ✓

MEDICAL CERTIFICATION



|   |                           |  |                                       |
|---|---------------------------|--|---------------------------------------|
| 1. NAME OF DECEASED<br>(Type or Print)  |                           | 2. DATE OF DEATH   |                                       |
| Joseph Jerome Kaplan  |                           | Jan 22, 1951   |                                       |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland   |                           | 4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)<br>A. STATE<br>Md. |                                       |
| B. FULL NAME OF HOSPITAL OR INSTITUTION<br>JOHNS HOPKINS HOSPITAL                                     |                           | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br>Baltimore 27-70          |                                       |
| D. STREET ADDRESS (If rural, give location)<br>3116 Bancroft Rd.                                      |                           | E. LENGTH OF STAY IN BALTIMORE<br>Yrs. Mos. Days   |                                       |
| 5. SEX<br>Male  | 6. COLOR OR RACE<br>White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br>Married   | 8. DATE OF BIRTH<br>8-10-17           |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>DEALER |                           | 10B. KIND OF BUSINESS OR INDUSTRY<br>USED CAR (R)  | 9. AGE (in years last birthday)<br>33 |
| 13. FATHER'S NAME<br>Max Kaplan   |                           | 14. MOTHER'S MAIDEN NAME<br>Fanny Ruben  |                                       |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)                   |                           | 17. INFORMANT<br>JOHNS HOPKINS HOSPITAL  |                                       |
| 16. SOCIAL SECURITY NO.   |                           | ADDRESS  |                                       |

|  |  |                                |  |                                  |  |
|--|--|--------------------------------|--|----------------------------------|--|
| 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) |  | CAUSE OF DEATH                 |  | INTERVAL BETWEEN ONSET AND DEATH |  |
| (A) Compression Cervical Cord  |  | DUE TO                         |  |                                  |  |
| 19. ANTECEDENT CAUSES  |  | (B) Subdural hemorrhage        |  |                                  |  |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  |  | (C) Fracture 4th cervical vert |  | 6 days                           |  |

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 19A. DATE OF OPERATION  |  | 19B. MAJOR FINDINGS OF OPERATION   |  | CERTIFICATION APPROVED BY<br>William Wood   |  |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH   |  | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory street, office bldg., etc.)<br>Keystone Motors           |  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)<br>350 Falls way, Balto City 4/1 |  |
| 21D. TIME (Month) (Day) (Year) (Hour)<br>1 - 16 - 51  |  | 21E. INJURY OCCURRED<br>WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21F. HOW DID INJURY OCCUR?<br>Fell from chair that slipped  |  |
| 22. I hereby certify that I attended the deceased from 1/16, 1951, to 1/22, 1951, that I last saw the deceased alive on 1/22, 1951, and that death occurred at 12 home, from the causes and on the date stated above. |  |  |  |   |  |
| 23A. SIGNATURE<br>Jack M. Burnett   |  | 23B. ADDRESS<br>JOHNS HOPKINS HOSPITAL   |  | 23C. DATE SIGNED<br>1-22-51   |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial   |  | 24B. DATE<br>1-23-51   |  | 24C. NAME OF CEMETERY OR CREMATORY<br>Beth Tylor  |  |
| 24D. LOCATION (City, town, or county)<br>Balto  |  | 24E. STATE<br>Md   |  | 24F. DATE RECEIVED BY LOCAL REGISTRAR<br>1-23-1951  |  |
| 24G. REGISTRAR'S SIGNATURE<br>William Wood  |  | 24H. FUNERAL DIRECTOR<br>Jack Lewis  |  | 24I. ADDRESS<br>2100 Canton Rd  |  |

MEDICAL CERTIFICATION



*[Faint, illegible handwriting throughout the page]*

615  
51 0667

51 0667

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

SAMUEL

GARFINKEL

2. DATE  
OF  
DEATH

January 22, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Lutheran Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

15-04

D. STREET ADDRESS (If rural, give location)

2024 Walbrook Avenue

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

9. AGE (In years  
and monthday)

76

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18. E 812.41

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Fracture of base of skull

MEXIX

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Cerebral commotion

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☒ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

Street

21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?

Reisterstown Road at Ruskin Avenue

21D. TIME (Month) (Day) (Year) (Hour)

Jan. 22, 1951 3:00 P. m.

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Pedestrian struck by auto

1344

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from  
Autopsy, Inspection or Inquiry  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....

23C. DATE SIGNED

Jan. 23, 1951

M.D.

MEDICAL INVESTIGATOR.....

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 151

N-801.2

19510000666170c



63 51 0668

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0668  
Registered No.

|  |                                    |  |   |   |                              |
|--|------------------------------------|--|---|---|------------------------------|
| BIRTH NO.  |                                    | 1. NAME OF DECEASED<br>(Type or Print) <b>WILLIE CARTER</b>  |   | 2. DATE OF DEATH <b>January 21, 1951</b>                                      |                              |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland  |                                    | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b> |   |   |                              |
| B. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>Franklin Square Hospital</b>   |                                    | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore</b>   |   |   |                              |
| C. Length of stay in Baltimore   |                                    | D. STREET ADDRESS (If rural, give location)<br><b>7412 Beech Avenue</b>  |   |   |                              |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>Colored</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>M</b>  | 8. DATE OF BIRTH<br><b>Jan..10,1903</b> | 9. AGE (In years last birthday)<br><b>48</b>                                  | 10. Under 1 Year Months Days |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>longshoreman</b> |                                    | 10B. KIND OF BUSINESS OR INDUSTRY  |   | 11. BIRTHPLACE (State or foreign country)<br><b>Charlotte Courthouse, Va.</b> | 12. CITIZEN OF WHAT COUNTRY? |
| 13. FATHER'S NAME<br><b>unknown</b>  |                                    | 14. MOTHER'S MAIDEN NAME<br><b>unknown</b>   |   |   |                              |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)  |                                    | 16. SOCIAL SECURITY NO.  |   | 17. INFORMANT ADDRESS<br><b>Dorothy Carter, 7412 Beech Ave.</b>               |                              |

|  |  |                                  |
|--|--|----------------------------------|
| 18. <b>E 857X</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Fracture of neck</b><br>(A) DUE TO |  | INTERVAL BETWEEN ONSET AND DEATH |
| ANTECEDENT CAUSES<br>(B) DUE TO  |  |                                  |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br>(C) DUE TO  |  |                                  |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  |  |                                  |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 19A. DATE OF OPERATION  |  | 19B. MAJOR FINDINGS OF OPERATION   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                      |  |
| 21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH. |  | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><b>Public</b>            |  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)<br><b>Pier 6 - Locust Point</b> |  |
| 21D. TIME (Month) (Day) (Year) (Hour)<br><b>January 16, 1951</b>  |  | 21E. INJURY OCCURRED<br>WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21F. HOW DID INJURY OCCUR?<br><b>Struck on head by steel beam</b>  |  |

22. I certify that I took charge of the remains described above, held an **Inspection & Inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

|  |                                 |  |  |   |  |
|--|---------------------------------|--|--|---|--|
| 23A. SIGNATURE<br><i>Stanley H. Duncanson</i> M.D.     |                                 | 23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/><br>ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> |  | 23C. DATE SIGNED<br><b>Jan. 22, 1951</b>  |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>B.</b> | 24B. DATE<br><b>Jan-24-1951</b> | 24C. NAME OF CEMETERY OR CREMATORY<br><b>Mt. Calvary Cem</b>   | 24D. LOCATION (City, town, or county)<br><b>A.G. Co.</b> | ADDRESS<br><b>Md.</b>   |  |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>231951</b>      |                                 | REGISTRAR'S SIGNATURE<br><i>Thurston Williams</i>  |  | 25. FUNERAL DIRECTOR<br><i>Samuel W. Sullivan Jr.</i> ADDRESS<br><b>1011 N. Calington</b> |  |

V S 151 N-805.2 249 055 00667 195E

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

FILE NO.

DATE OF DEATH  
PLACE OF DEATH  
AGE  
SEX  
RACE

DECEASED'S NAME  
RESIDENCE  
OCCUPATION

DATE OF BIRTH  
PLACE OF BIRTH  
MARRIAGE

CAUSE OF DEATH  
MANNER OF DEATH

DATE OF DEATH  
PLACE OF DEATH

DECEASED'S NAME  
RESIDENCE

DATE OF BIRTH  
PLACE OF BIRTH

MARRIAGE  
CAUSE OF DEATH

MANNER OF DEATH  
DATE OF DEATH

PLACE OF DEATH  
DECEASED'S NAME

RESIDENCE  
DATE OF BIRTH

PLACE OF BIRTH  
MARRIAGE

CAUSE OF DEATH  
MANNER OF DEATH

DATE OF DEATH  
PLACE OF DEATH

DECEASED'S NAME  
RESIDENCE

260

51 0669

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0669

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

MARY FISHER

2. DATE  
OF  
DEATH

1-22-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

1141 SHIELDS PLACE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE

MARYLAND

B. COUNTY

before admission)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 1. 17-02

D. STREET ADDRESS (If rural, give location)

1141 SHIELDS PLACE

Length of stay in Baltimore

LIFE

Yrs.  
Mos.  
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday) If Under 1 Year  
Months: Days If Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of worklog life, even if retired)

NONE

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTIMORE, MD.

12. CITIZEN OF  
WHAT COUNTRY

13. FATHER'S NAME

FRANK Simms

14. MOTHER'S MAIDEN NAME

JANE Simms

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

LILLIE PATTERSON-1141 SHIELDS PL.

18. 490X I

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Lobar pneumonia

1 WK

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐22. I hereby certify that I attended the deceased from 1-18, 1951 to 1-22, 1951 that I last saw the  
deceased alive on 1-22, 1951 and that death occurred at 3:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 23 1951

Wm. A. Jackson

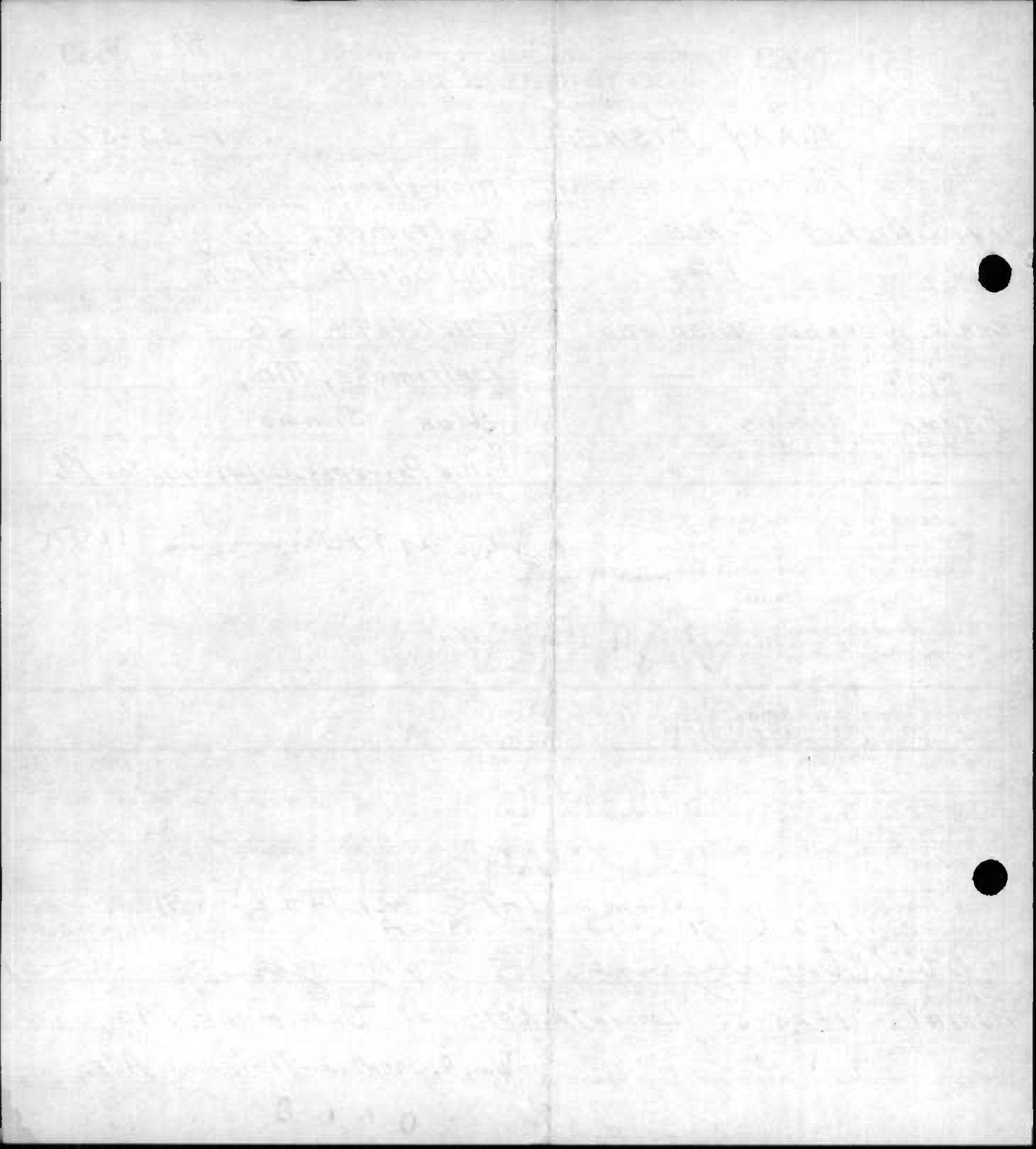
Wm. A. JACKSON-916 PENNA. AVE.

VS 150

510000660

108

MEDICAL CERTIFICATION





326  
51 0670BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 0670  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Cora Jones Fitzgerald

2. DATE  
OF  
DEATH Jan. 18, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

1725 Orlean Street

Yrs.  
Mos.  
Days

C. Length of stay in Baltimore 40 Yrs.

5. SEX

Female

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR  
INDUSTRY

In General

13. FATHER'S NAME

Archie Fitzgerald

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

No

16. SOCIAL  
SECURITY NO.

8. DATE OF BIRTH

Dec. 25, 1901

9. AGE (in years  
last birthday)

49

If Under 1 Year  
Months Days Hours Min.

11. BIRTHPLACE (State or foreign country)

Norfolk Virginia

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Mary Venable

17. INFORMANT

ADDRESS

Aileen Elliott 1944 Harlem Ave

18. 241X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

Acute myocarditis

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE, (A) STATING THE  
UNDERLYING CONDITION LAST.(B) DUE TO  
(C)Lobar Pneumonia  
Bronchial Asphyxia6 days  
?

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1.12.51, to 1.18.51, that I last saw the  
deceased alive on 1.18.51, and that death occurred at 12:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Wm. L. Berry

M. D.

23B. ADDRESS

1420 E. Chase

23C. DATE SIGNED

1.22.51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Burial

1/23/1951

Mt Calvary Cem.

Baltimore Md

DATE RECEIVED BY  
LOCAL REGISTRAR

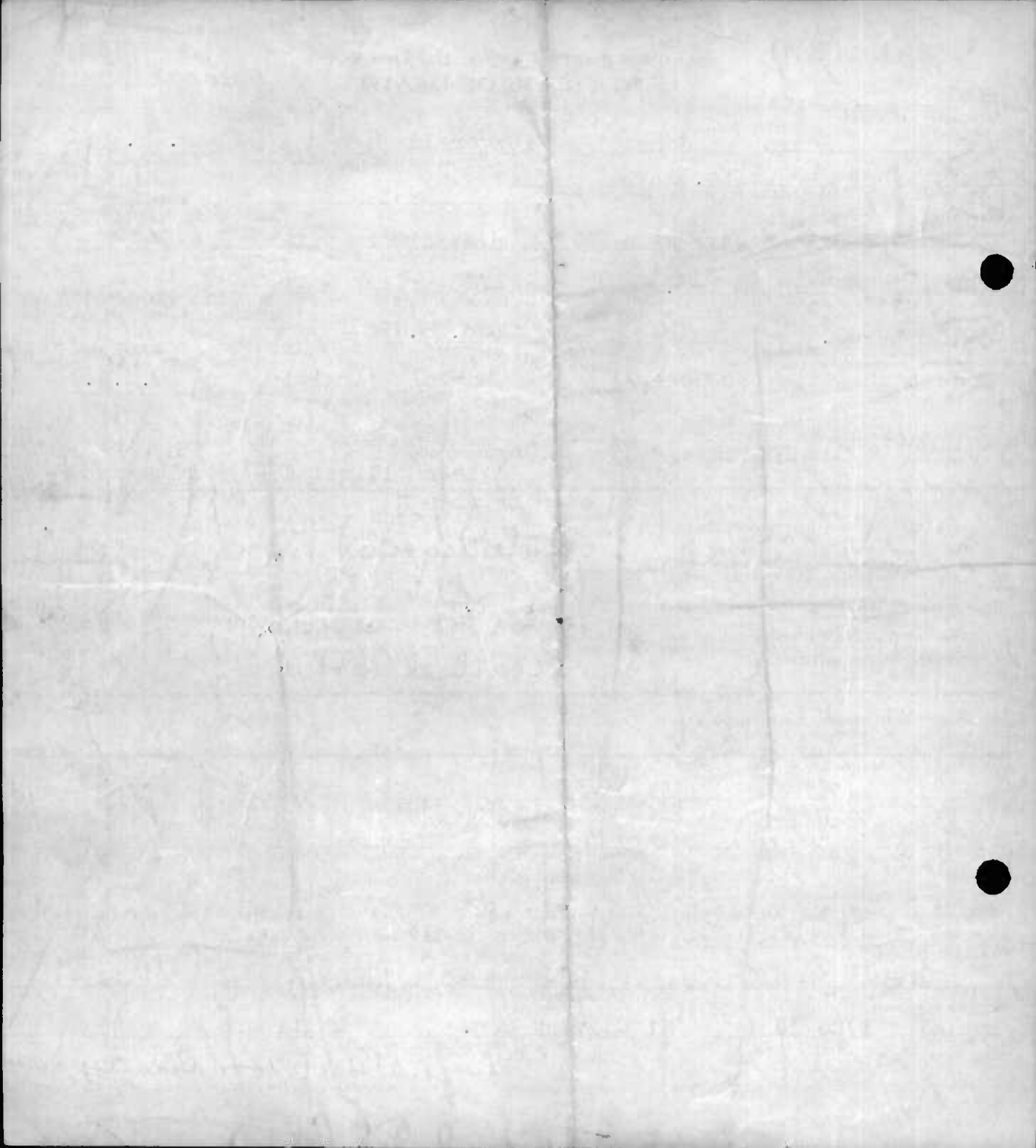
REGISTRAR'S SIGNATURE

Chas. Wilson 1000 Brantley ave

AN 281551

7288A 00669

108



500

51 0671

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 0671  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

LOTTIE KANE

2. DATE  
OF  
DEATH

JAN 19, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

OSL 14

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)A. STATE  
MARYLAND

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

BALTIMORE

6-05

D. STREET ADDRESS (If rural, give location)

1513 E. FAYETTE ST.

E. Length of stay in Baltimore

25 yrs.

Yrs.  
Mos.  
Days

5. SEX

FEMALE

6. COLOR OR RACE

COLORED

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

9-4-80

9. AGE (in years  
last birthday)

70

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Unemployed

10B. KIND OF BUSINESS OR  
INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Maryland

Annapolis

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

Charles Green

14. MOTHER'S MAIDEN NAME

Lucinda Jones

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) ...

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) ...

DUE TO

(C) ...

? Meigs' syndrome  
Ovarian fibromaINTERVAL BETWEEN  
ONSET AND DEATH

?

?

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-7-1951, to 1-19, 1951, that I last saw the  
deceased alive on 1-19, 1951, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Victor A. McKusick

M. O.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

1/20/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 23 1951

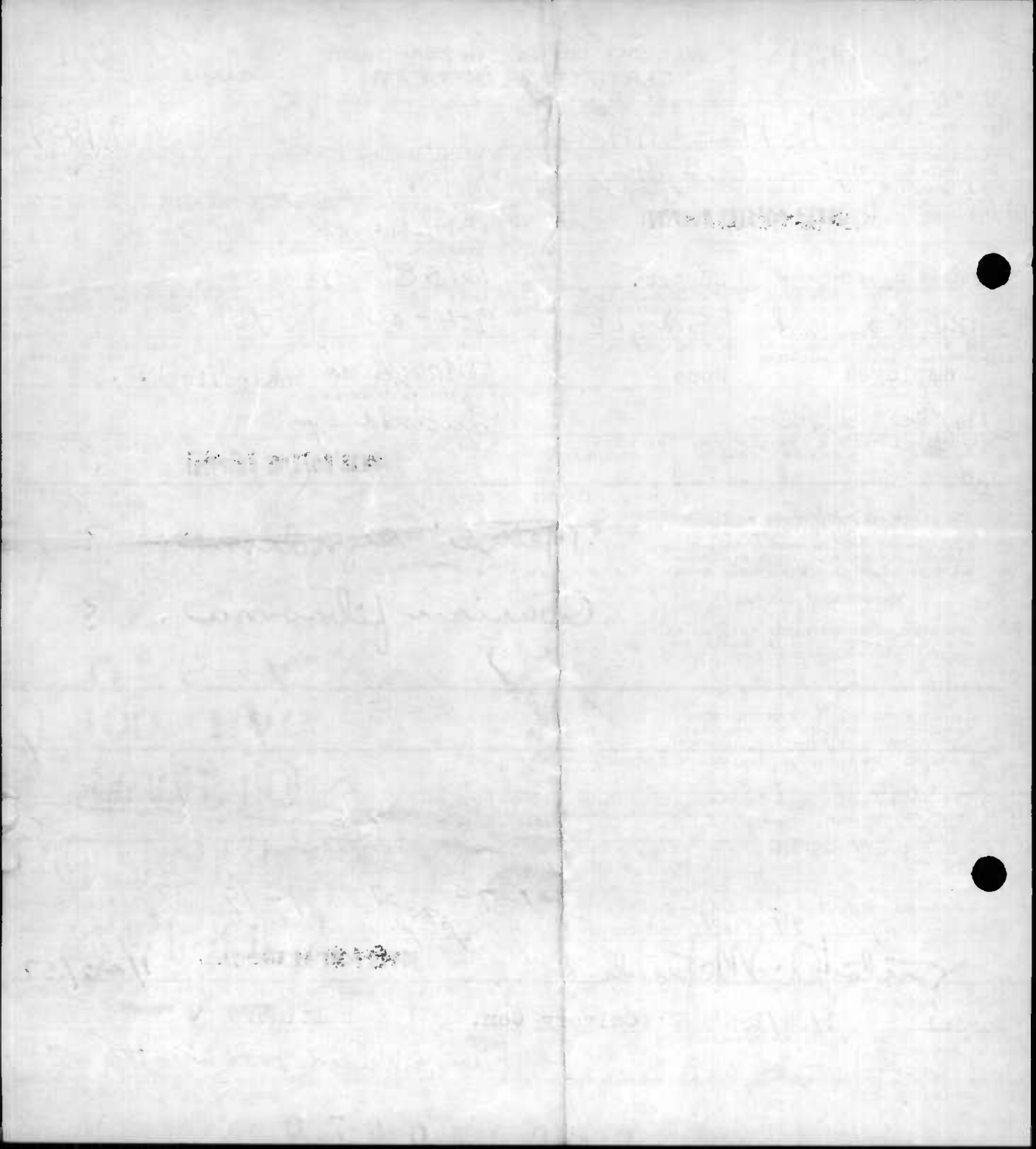
Huntington Williams

Elroy S. Wilson, 1000 Buxton Ave

56a

0510000670

MEDICAL CERTIFICATION



152  
51 0672BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 0672

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Susie Green Bayane

2. DATE  
OF  
DEATH

Jan. 19, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

641 Conway Street

Yrs.  
Mos.  
Days

C. Length of stay in Baltimore Life

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Female

Col.

Married

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

At Home

13. FATHER'S NAME

William

Johnson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Wesley Miller 641 Conway Street

18. 491X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN  
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT  
WORKNOT WHILE  
AT WORK22. I hereby certify that I attended the deceased from Dec 15, 1950 to Jan 19, 1951 that I last saw the  
deceased alive on Jan 18, 1951, and that death occurred at 1:30 PM on the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

I/23/1951

Mt Calvary Cem.

Brooklyn Md

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Thurston Williams

Elroy O. Wilson 1000 Brantley Ave

JAN 23 1951

1 0 5 1 0 0 0 0 6 7 1

107

*Handwritten notes in cursive script, mostly illegible due to fading and bleed-through.*



V-242  
51 0673

51 0673

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

MARY JOSEPHINE NICKLAS

2. DATE  
OF  
DEATH

1-22-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Union Memorial Hosp.

Length of stay in Baltimore

73

Yrs.  
Mos.  
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

Oct 27, 1877

9. AGE (In years  
last birthday)

73

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md

12. CITIZEN OF  
WHAT COUNTRY?

USA.

13. FATHER'S NAME

Michael Archer

14. MOTHER'S MAIDEN NAME

Suzanne Dinger

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.  
no

17. INFORMANT

ADDRESS

Mr. Andrew Nicklas - 2214 Elsinor Ave.

18. 420.01

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) ARTERIO SCLEROTIC HEART DISEASE  
DUE TO E CONGESTIVE FAILURE

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) \_\_\_\_\_  
DUE TO \_\_\_\_\_  
(C) \_\_\_\_\_II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

DIABETES MELLITUS

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 17, 1951, to Jan 22, 1951, that I last saw the deceased alive on January 22, 1951, and that death occurred at 2:25 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Richard Beach

23B. ADDRESS

M. D. Union Memorial Hospital

23C. DATE SIGNED

1-22-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

1/25/51

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county) (State)

Balto., Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Thm. J. Pickner &amp; Sons, Balto.

JAN 23 1951

1 9 5 1 0 0 0 0 6 7 2

61



STATE TROOP - ALICIA

Handwritten notes, possibly "Call..." and "A. H. ..."

Handwritten date: 10/21/1910

Handwritten word: "VIEW" inside a star-shaped stamp

Handwritten word: "EIGHT"

Handwritten word: "MOUNTAIN"

Handwritten word: "MOUNTAIN"

Handwritten text at the bottom of the page, possibly a signature or date.

Handwritten number: 2700

534. 51 0674

51 0674

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

|   |                                  |   |   |  |  |
|---|----------------------------------|---|---|--|--|
| 1. NAME OF DECEASED<br>(Type or Print) <b>MYRA WILLEY RANDALL</b>   |                                  |   | 2. DATE OF DEATH<br><b>JAN. 21, 1951</b>  |  |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland   |                                  |   | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>Md.</b><br>B. COUNTY |  |  |
| B. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location)<br><b>5212 St. Charles Ave.</b> |                                  |   | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore</b>                          |  |  |
| C. Length of stay in Baltimore  |                                  |   | D. STREET ADDRESS (If rural, give location)<br><b>5215 St. Charles Ave.</b>   |  |  |
| 5. SEX<br><b>female</b>   | 6. COLOR OR RACE<br><b>white</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>widowed</b> | 8. DATE OF BIRTH<br><b>Nov. 13, 1867</b>  |  | 9. AGE (In years last birthday)<br><b>83</b>                 |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>               |                                  |   | 10B. KIND OF BUSINESS OR INDUSTRY<br><b>at home</b>   |  | 11. BIRTHPLACE (State or foreign country)<br><b>Maryland</b> |
| 13. FATHER'S NAME<br><b>Isaac Sylvester</b>   |                                  |   | 12. CITIZEN OF WHAT COUNTRY?<br><b>Maryland</b>   |  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)                      |                                  |   | 16. SOCIAL SECURITY NO.   |  |  |
| 17. INFORMANT<br><b>Mrs. Rosemond Dennis</b>  |                                  |   | ADDRESS<br><b>5212 St. Charles Ave.</b>   |  |  |

|   |  |
|---|--|
| 18. <b>443X</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)<br><b>Hypertensive Cardio-Vascular Disease</b><br>DUE TO<br><b>Anteriosclerotic Cardio Vascular Disease</b><br>ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><b>Cardiac Decompensation</b><br>DUE TO<br><b>Cardiac Dilatation</b><br><b>Generalized Arteriosclerosis</b> | INTERVAL BETWEEN ONSET AND DEATH<br><b>3 yr</b><br><b>1 yr</b> |
|---|--|

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

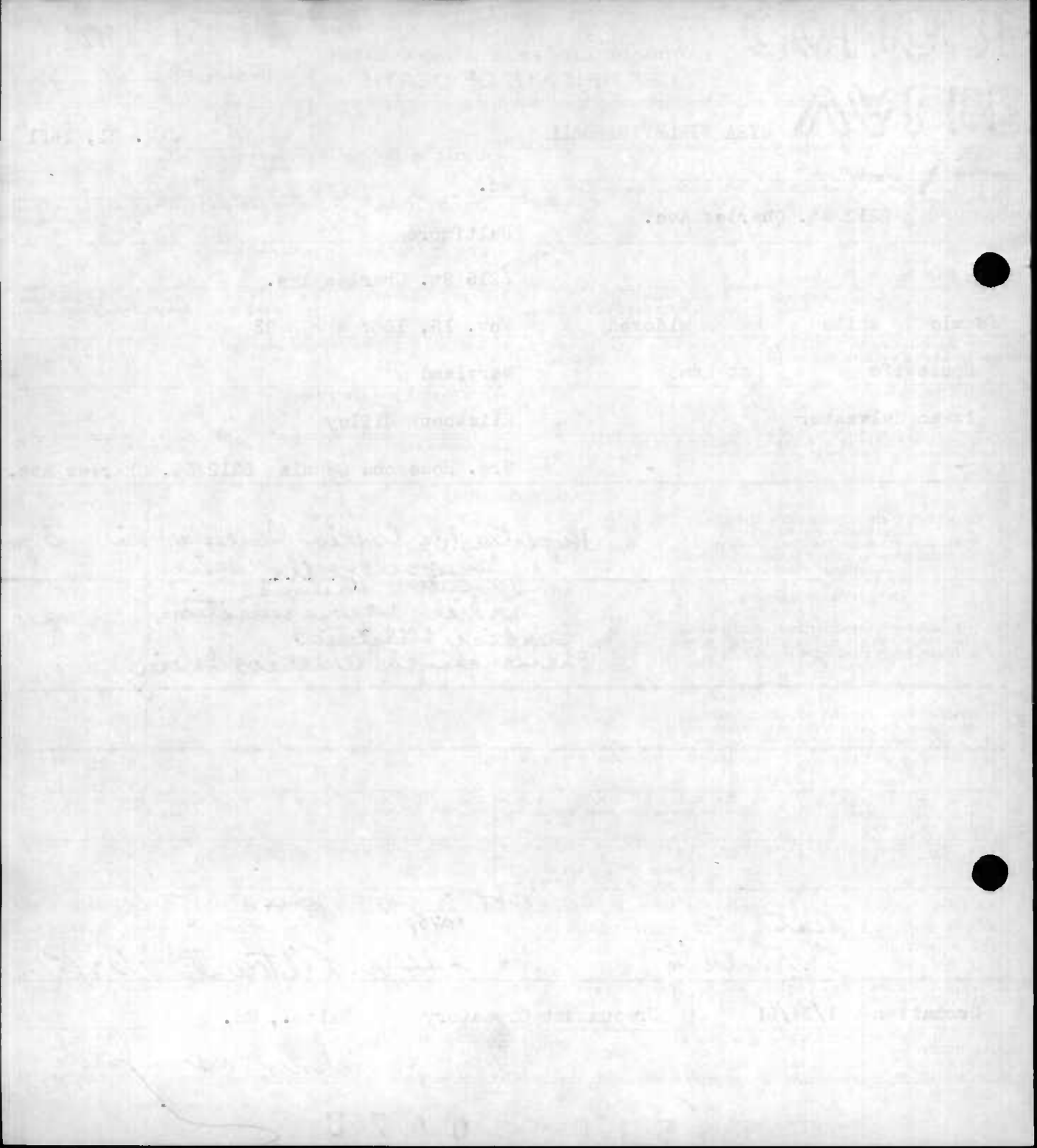
|  |  |   |  |  |  |
|--|--|---|--|--|--|
| 19A. DATE OF OPERATION   |  | 19B. MAJOR FINDINGS OF OPERATION  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |  |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>   |  | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)                 |  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) |  |
| 21D. TIME (Month) (Day) (Year) (Hour) INJURY   |  | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21F. HOW DID INJURY OCCUR?   |  |
| 22. I hereby certify that I attended the deceased from <b>Oct</b> , 1948, to <b>Jan. 21</b> , 1951, that I last saw the deceased alive on <b>Sept</b> , 1950, and that death occurred at <b>10:50 p.m.</b> , from the causes and on the date stated above. |  |   |  |  |  |
| 23A. SIGNATURE<br><b>R. Kulevitz</b>   |  | 23B. ADDRESS<br><b>244 N. Hilton St.</b>  |  | 23C. DATE SIGNED<br><b>1/23/51</b>                                       |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Cremation</b>  |  | 24B. DATE<br><b>1/24/51</b>   |  | 24C. NAME OF CEMETERY OR CREMATORY<br><b>Greenmount Crematory</b>        |  |
|  |  |   |  | 24D. LOCATION (City, town, or county) (State)<br><b>Balto., Md.</b>      |  |

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>1/23/51</b> |  | REGISTRAR'S SIGNATURE<br><b>R. Kulevitz</b> |  | 25. FUNERAL DIRECTOR<br><b>Thm. J. Tichner &amp; Sons - Balto</b> |  |
|  |  |   |  | ADDRESS<br><b>Balto</b>   |  |

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0675  
Registered No.

|   |                           |  |
|---|---------------------------|--|
| BIRTH NO.   |                           |  |
| 1. NAME OF DECEASED<br>(Type or Print) <b>EMMA WILLIAMS</b>   |                           | 2. DATE OF DEATH <b>JAN. 20, 1951</b>  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland   |                           | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>md</b><br>B. COUNTY <b>md</b> |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)<br><b>PROVIDENT HOSPITAL</b> |                           | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Balto 15-01</b>                                 |
| D. STREET ADDRESS (If rural, give location)<br><b>1435 Parrish St</b>   |                           |  |
| Length of stay in Baltimore <b>Life</b>   |                           |  |
| 5. SEX <b>F</b>   | 6. COLOR OR RACE <b>C</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>2</b>   |
| 8. DATE OF BIRTH <b>9/5-1902</b>  |                           | 9. AGE (In years last birthday) <b>48</b>  |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Domestic</b>    |                           | 10B. KIND OF BUSINESS OR INDUSTRY  |
| 11. BIRTHPLACE (State or foreign country)<br><b>Balto md</b>  |                           | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.</b>  |
| 13. FATHER'S NAME<br><b>Ben Siscoe</b>  |                           | 14. MOTHER'S MAIDEN NAME<br><b>Mary Jackson</b>  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>md</b>  |                           | 16. SOCIAL SECURITY NO.  |
| 17. INFORMANT <b>Mary Jackson</b>   |                           | ADDRESS <b>1435 Parrish St</b>   |

|  |  |                                  |
|--|--|----------------------------------|
| 18. <b>490X</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>LOBAR PNEUMONIA</b> | CAUSE OF DEATH<br>(A) <b>LOBAR PNEUMONIA</b><br>DUE TO<br>(B)<br>DUE TO<br>(C) | INTERVAL BETWEEN ONSET AND DEATH |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  |  |                                  |

|  |  |  |  |   |
|--|--|--|--|---|
| 19A. DATE OF OPERATION <b>0</b>  |  | 19B. MAJOR FINDINGS OF OPERATION   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH. | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)              | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) |  |   |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21F. HOW DID INJURY OCCUR?   |  |   |

22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

|  |   |  |   |   |
|--|---|--|---|---|
| 23A. SIGNATURE<br><b>Stanley B. Deanecker</b>              |   | 23B. CHIEF MEDICAL EXAMINER.....<br>ASSISTANT MEDICAL EXAMINER.....<br>MEDICAL INVESTIGATOR..... |   | 23C. DATE SIGNED<br><b>Jan 21, 1951</b> |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> | 24B. DATE<br><b>1/24/51</b>                     | 24C. NAME OF CEMETERY OR CREMATORY<br><b>Mt Auburn</b>   | 24D. LOCATION (City, town or county) (State)<br><b>Balto md</b> |   |
| DATE RECEIVED BY LOCAL REGISTRAR                           | REGISTRAR'S SIGNATURE<br><b>Wm. H. Williams</b> | 25. FUNERAL DIRECTOR<br><b>Geo. H. Kelson</b>  |   |   |
|  |   | ADDRESS<br><b>13013</b>  |   |   |

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F. 72088 0 6 7 108  
Presman St

100

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1994, 1995, 1996, 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 26

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S-216  
51 0676

51 0676

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

John A. Schafer

2. DATE  
OF  
DEATH

Jan. 21, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

3135 Belmont Ave.,

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3135 Belmont Ave.,

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Jan. 23, 1876

9. AGE (In years  
last birthday)

74

If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Retired Packer

10B. KIND OF BUSINESS OR  
INDUSTRY

Brager Dept. Store

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Jacob Schafer

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

no

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

216-03-3070

17. INFORMANT

ADDRESS

Mrs. Dorothy E. Carroll 3135 Belmont

18.

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Hypertensive Cardio-renal Vascular  
disease

DUE TO

1 week

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Neuroplasty - Dec 1950

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 21, 1950, to Jan 21, 1951, that I last saw the  
deceased alive on Jan 21, 1951, and that death occurred at 6 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

1-24-1951

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Baltimore

Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

G. Howard Strong 3207 W. North Ave.,

JAN 23 1951

698690675

131a

Dr. James M. Collins.

3321 Frederick Ave 6112.

12-11



J-6510 0677

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0677  
Registered No.

BIRTH NO.

|   |                                  |   |                                   |
|---|----------------------------------|---|-----------------------------------|
| 1. NAME OF DECEASED<br>(Type or Print) <i>Janette Jennie Trayham</i>  |                                  | 2. DATE OF DEATH<br><i>Jan. 20, '51</i>   |                                   |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland   |                                  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <i>Ind.</i> B. COUNTY <i>Ind.</i> |                                   |
| 5. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>JOHNS HOPKINS HOSPITAL</b>  |                                  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><i>Baltimore - 9-05</i>                             |                                   |
| 6. LENGTH OF STAY IN BALTIMORE<br>Yrs. Mos. Days  |                                  | D. STREET ADDRESS (If rural, give location)<br><i>605 N. Chapel St</i>  |                                   |
| 7. SEX<br><i>Female Negro</i>   | 8. COLOR OR RACE<br><i>Negro</i> | 9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)   | 10. DATE OF BIRTH<br><i>-- 85</i> |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><i>Housewife</i> |                                  | 11. AGE (In years last birthday)<br><i>65</i>   |                                   |
| 10B. KIND OF BUSINESS OR INDUSTRY   |                                  | 12. BIRTHPLACE (State or foreign country)<br><i>Ind.</i>  |                                   |
| 13. FATHER'S NAME<br><i>Josiah Deemond</i>  |                                  | 14. CITIZEN OF WHAT COUNTRY?<br><i>Ind.</i>   |                                   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)        |                                  | 16. MOTHER'S MAIDEN NAME<br><i>Francis Heester</i>  |                                   |
| 17. SOCIAL SECURITY NO.   |                                  | 17. INFORMANT ADDRESS<br><b>JOHNS HOPKINS HOSPITAL</b>  |                                   |

|  |  |
|--|--|
| 18. 490X<br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>CAUSE OF DEATH</b><br>(A) <i>Lobar pneumonia</i><br>DUE TO<br>(B) _____<br>DUE TO<br>(C) _____ | INTERVAL BETWEEN ONSET AND DEATH<br><i>2 wks</i> |
| II<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><b>ANTECEDENT CAUSES</b><br>1. <i>Pulmonary emboli</i><br>2. <i>Diabetes mellitus</i>   |  |

|   |   |  |  |   |
|---|---|--|--|---|
| 19A. DATE OF OPERATION<br><i>2</i>  |   | 19B. MAJOR FINDINGS OF OPERATION   |  | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/> | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)             | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) |  |   |
| 21D. TIME (Month) (Day) (Year) (Hour) INJURY  | 21E. INJURY OCCURRED<br>WHILE AT <input type="checkbox"/> WORK AT WHILE <input type="checkbox"/> WORK | 21F. HOW DID INJURY OCCUR?   |  |   |

22. I hereby certify that I attended the deceased from *Jan. 10, 1951* to *Jan. 20, 1951*, that I last saw the deceased alive on *Jan. 20, 1951*, and that death occurred at *11:45* m., from the causes and on the date stated above.

|  |                                |   |  |                                    |
|--|--------------------------------|---|--|------------------------------------|
| 23A. SIGNATURE<br><i>Victor G. McKusick</i>                |                                | 23B. ADDRESS<br><b>JOHNS HOPKINS HOSPITAL</b>   |  | 23C. DATE SIGNED<br><i>1/29/51</i> |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><i>Burial</i> | 24B. DATE<br><i>Jan. 25/51</i> | 24C. NAME OF CEMETERY OR CREMATORY<br><i>Mt Calvary Cem</i>   | 24D. LOCATION (City, town, or county)<br><i>AA County, Ind</i> | (State)                            |
| DATE RECEIVED BY LOCAL REGISTRAR                           |                                | 25. FUNERAL DIRECTOR ADDRESS<br><i>Mrs. Robt. A. Elliott, Daughter</i><br><i>1129 N. Caroline St.</i> |  |                                    |

JAN 23 1951

*William Williams, M.D.*

0677

61

*[Faint, illegible handwriting throughout the page, possibly bleed-through from the reverse side.]*

F-652  
51

0678

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0678

Registered No.

BIRTH NO.

|   |                           |  |   |   |   |
|---|---------------------------|--|---|---|---|
| 1. NAME OF DECEASED (Type or Print) <b>LALA</b><br><b>LALA DAVIS FRANK</b>  |                           |  | 2. DATE OF DEATH <b>1-22-51</b>   |   |   |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland   |                           |  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>MARYLAND</b><br>B. COUNTY <b>BALTIMORE</b> |   |   |
| B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)<br><b>UNION MEMORIAL HOSP.</b> |                           |  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>BALTIMORE</b>  |   |   |
| C. Length of stay in Baltimore <b>Lifetime</b>  |                           |  | D. STREET ADDRESS (If rural, give location)<br><b>1032 N CALVERT ST.</b>  |   |   |
| 5. SEX <b>F</b>   | 6. COLOR OR RACE <b>W</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>W</b> | 8. DATE OF BIRTH <b>December 19 1888</b>  | 9. AGE (In years last birthday) <b>62</b> | H Under 1 Year Months: Days: H Under 24 Hours Hours: Min. |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>REGISTERED NURSE</b>                      |                           |  | 11. BIRTHPLACE (State or foreign country)<br><b>OHIO</b>  |   |   |
| 10B. KIND OF BUSINESS OR INDUSTRY<br><b>Retired</b>   |                           |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>  |   |   |
| 13. FATHER'S NAME<br><b>WILLIAM DAVIS</b>   |                           |  | 14. MOTHER'S MAIDEN NAME<br><b>MARGUERITE *****</b>   |   |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>-</b>  |                           |  | 16. SOCIAL SECURITY NO. <b>-</b>  |   |   |
| 17. INFORMANT <b>MRS. STELLA LAVARETT</b>   |                           |  | ADDRESS <b>208 W. Franklin St.</b>  |   |   |

18. **420.0** CAUSE OF DEATH  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  
**ARTERIOSCLEROTIC HEART DISEASE**  
DUE TO **CONGESTIVE FAILURE**

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) \_\_\_\_\_  
DUE TO \_\_\_\_\_  
(C) \_\_\_\_\_

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

**ANEMIA OF UNDETERMINED CAUSE**

19A. DATE OF OPERATION **0** 19B. MAJOR FINDINGS OF OPERATION  
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐ 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)  
21D. TIME (Month) (Day) (Year) (Hour) INJURY 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **JAN 19, 1951**, to **JAN 22, 1951**, that I last saw the deceased alive on **JAN 22, 1951**, and that death occurred at **2:25 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE **Richard Beach** 23B. ADDRESS **Union Memorial Hospital** 23C. DATE SIGNED **1-22-51**

24A. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 24B. DATE **1/24/50** 24C. NAME OF CEMETERY OR CREMATORY **LOUDON PARK CEM.** 24D. LOCATION (City, town, or county) (State) **BALTIMORE MD**

DATE RECEIVED BY LOCAL REGISTRAR **JAN 23 1951** REGISTRAR'S SIGNATURE **Huntington Williams, M.D.** 25. FUNERAL DIRECTOR **Charles H. Cronan & Son, Inc.** ADDRESS **118 W. Mt. Royal Ave.**

JAN 23 1951

05880 0678 937

MEDICAL CERTIFICATION

ST. LOUIS, MO. 1912

1012 in 1912

1012 in 1912

1012 in 1912

1012 in 1912

1012 in 1912

1012 in 1912

S-200

S-5520679

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 0679

BIRTH NO.

|  |                           |   |  |
|--|---------------------------|---|--|
| 1. NAME OF DECEASED<br>(Type or Print) <b>ANTOINETTE AGNES SOCKI (SIMMONS)</b>                             |                           | 2. DATE OF DEATH <b>January 21, 1951</b>  |  |
| 3. PLACE OF DEATH:<br>A. <b>Baltimore City, Maryland</b>   |                           | 4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)<br>A. STATE <b>Maryland</b><br>B. COUNTY <b>Baltimore</b> |  |
| B. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>St. Joseph's</b>   |                           | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore</b>  |  |
| C. Length of stay in Baltimore <b>Life</b>   |                           | D. STREET ADDRESS (If rural, give location)<br><b>2879 Chesterfield Ave.</b>  |  |
| 5. SEX <b>F</b>  | 6. COLOR OR RACE <b>W</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Widowed</b>   | 8. DATE OF BIRTH<br><b>Apr. 14, 1887</b>         |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Wife</b> |                           | 10B. KIND OF BUSINESS OR INDUSTRY<br><b>Own home</b>  | 9. AGE (In years last birthday)<br><b>63 yrs</b> |
| 13. FATHER'S NAME<br><b>Joseph Anderson</b>  |                           | 11. BIRTHPLACE (State or foreign country)<br><b>Baltimore</b>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)<br><b>No</b>                              |                           | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>  |  |
| 16. SOCIAL SECURITY NO.<br><b>None</b>   |                           | 14. MOTHER'S MAIDEN NAME<br><b>Frances ?</b>  |  |
| 17. INFORMANT<br><b>Mrs. Frances Barnes</b>  |                           | ADDRESS<br><b>2879 Chesterfield Ave.</b>  |  |

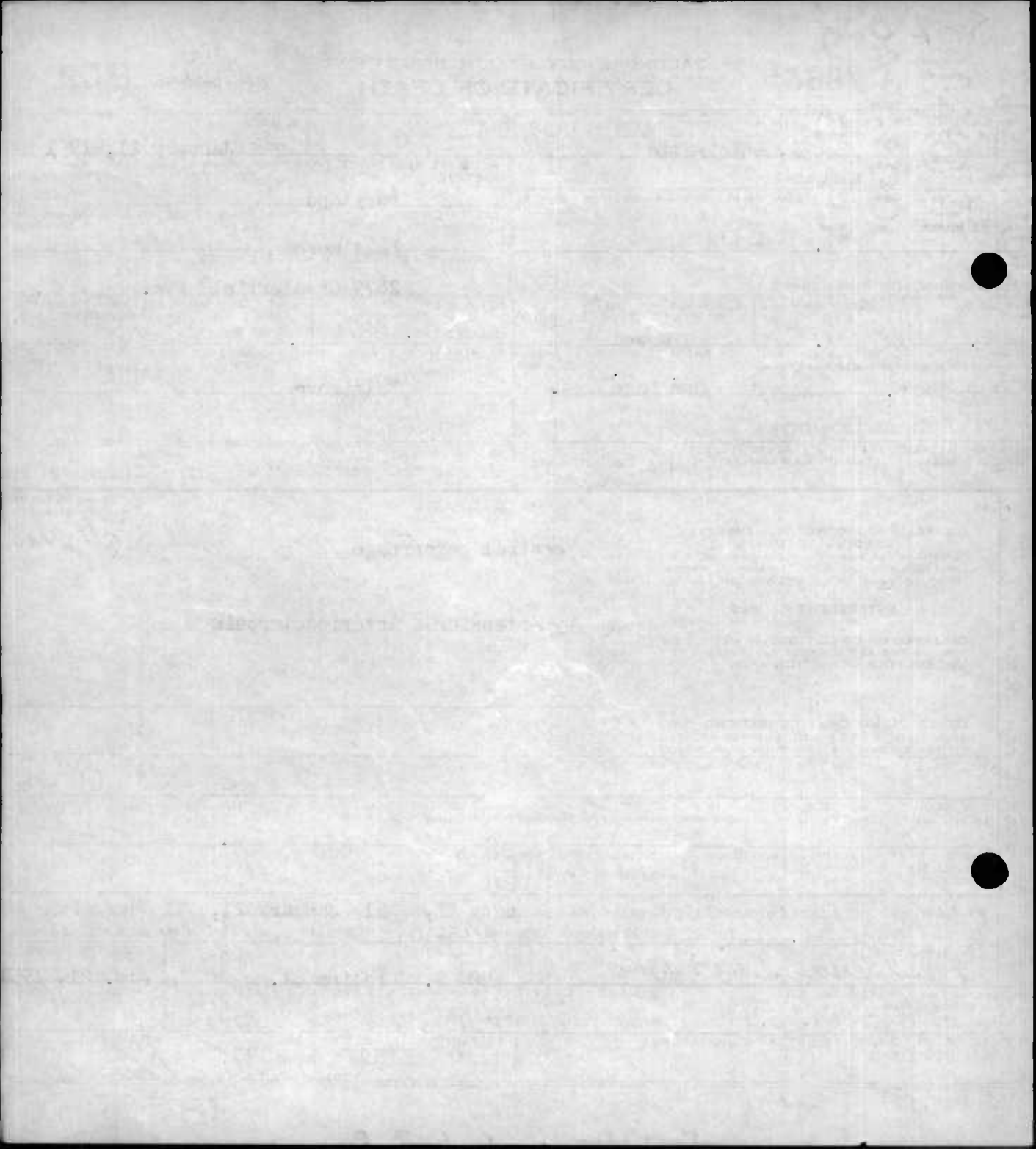
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| 18. <b>331X</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Cerebral hemorrhage</b> |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>3 1/2 hrs</b>                                |
| DUE TO<br>(A) <b>Hypertension &amp; Arteriosclerosis</b>   |  |   |
| DUE TO<br>(B) <b>Hypertension &amp; Arteriosclerosis</b>   |  |   |
| DUE TO<br>(C) <b>Hypertension &amp; Arteriosclerosis</b>   |  |   |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  |  |   |
| 19A. DATE OF OPERATION<br><b>0</b>   | 19B. MAJOR FINDINGS OF OPERATION   | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)   | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)              | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)            |
| 21D. TIME (Month) (Day) (Year) (Hour) INJURY   | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21F. HOW DID INJURY OCCUR?  |

22. I hereby certify that I attended the deceased from **January 21, 1951** to **January 21, 1951**, that I last saw the deceased alive on **Jan. 21, 1951** and that death occurred at **5:10 p. m.**, from the causes and on the date stated above.

|  |   |   |   |  |  |
|--|---|---|---|--|--|
| 23A. SIGNATURE<br><b>Phaddeus Swinski</b>                  |   | 23B. ADDRESS<br><b>1100 N. Caroline St.</b>                         |   | 23C. DATE SIGNED<br><b>Jan. 21, 1951</b> |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> | 24B. DATE<br><b>Jan. 25, 1951</b>                   | 24C. NAME OF CEMETERY OR CREMATORY<br><b>Holy Redeemer Cemetery</b> | 24D. LOCATION (City, town, or county) (State)<br><b>Baltimore Md.</b> |  |  |
| DATE RECEIVED BY LOCAL REGISTRAR                           | REGISTRAR'S SIGNATURE<br><b>William H. Williams</b> | 25. FUNERAL DIRECTOR<br><b>HENRY SANDER &amp; SONS, INC.</b>        |   | ADDRESS<br><b>Baltimore Md.</b>          |  |

JAN 23 1951

83a





N-400

51 0680

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0680

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

LUCY WILEY NOLLEY

2. DATE  
OF  
DEATH

January 22, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Raley's Nursing Home

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

27-11

D. STREET ADDRESS (If rural, give location)

100 W. Cold Spring Lane

Length of stay in Baltimore

About 75

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years

last birthday)

75

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of

work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR

INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF

WHAT COUNTRY?

13. FATHER'S NAME

Dr. D. K. Wiley

14. MOTHER'S MAIDEN NAME

Ella B. -----

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL

SECURITY NO.

17. INFORMANT

ADDRESS

Harry E. Parkhurst 1410 Park Avenue

18.

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

Arteriosclerotic cardiovascular disease

(A)

XXXXX

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from  
Autopsy, Inspection or Inquiry  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....

23C. DATE SIGNED

ASSISTANT MEDICAL EXAMINER.....

Jan. 22, 1951

MEDICAL INVESTIGATOR.....

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

1/24/51

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 23 1951

Huntington Williams, M.D.

No. 25. Meade &amp; Son 805 N. Calver St.

JAN 23 1951

Huntington Williams, M.D.

No. 25. Meade &amp; Son 805 N. Calver St.

JAN 23 1951

Huntington Williams, M.D.

No. 25. Meade &amp; Son 805 N. Calver St.

JAN 23 1951

Huntington Williams, M.D.

No. 25. Meade &amp; Son 805 N. Calver St.



MAINTENANCE OF RECORDS  
CERTIFICATE OF FIDELITY

NO. 101

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MAINTENANCE OF RECORDS

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17-326  
51 0681

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0681  
Registered No.

|   |                            |   |   |   |  |
|---|----------------------------|---|---|---|--|
| 1. NAME OF DECEASED<br>(Type or Print) <i>Dorothy Tyler Peddicord</i>   |                            |   | 2. DATE OF DEATH <i>1-22-51</i>   |   |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland   |                            |   | 4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)<br>A. STATE <i>Md.</i><br>B. COUNTY <i>4-01</i> |   |  |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR INSTITUTION <i>The Hospital for Women of Md</i> |                            |   | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><i>Balto</i>  |   |  |
| D. STREET ADDRESS (If rural, give location)<br><i>15 N. Howard St</i>   |                            |   | E. LENGTH OF STAY IN BALTIMORE<br>Yrs. <i>4</i><br>Mos. <i>W.</i><br>Days <i>M.</i>   |   |  |
| 5. SEX <i>F</i>   | 6. COLOR OR RACE <i>W.</i> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M.</i> | 8. DATE OF BIRTH <i>5-9-1909</i>  | 9. AGE (In years last birthday) <i>41</i> | 10. AGE (In years last birthday) <i>41</i> |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><i>H.W.</i>  |                            |   | 10B. KIND OF BUSINESS OR INDUSTRY <i>—</i>  |   |  |
| 11. BIRTHPLACE (State or foreign country)<br><i>Richmond Va</i>   |                            |   | 12. CITIZEN OF WHAT COUNTRY?<br><i>U.S.</i>   |   |  |
| 13. FATHER'S NAME<br><i>Henry Robinson</i>  |                            |   | 14. MOTHER'S MAIDEN NAME<br><i>Unknown</i>  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)<br><i>No</i>                                |                            |   | 16. SOCIAL SECURITY NO.   |   |  |
| 17. INFORMANT<br><i>D. Peddicord</i>  |                            |   | ADDRESS<br><i>15 N. Howard St</i>   |   |  |

|  |  |  |
|--|--|--|
| 18. <i>332X</i><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><i>Cerebral softening due to Cerebral Thrombosis.</i> |  | INTERVAL BETWEEN ONSET AND DEATH<br><i>24 hours.</i> |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><i>Arteriosclerosis</i>  |  | <i>?</i>   |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.<br><i>Partial Atrial Septal Defect - Pulmonary congestion &amp; edema</i>  |  | <i>3-4 yrs</i>                                       |

|  |  |   |
|--|--|---|
| 19A. DATE OF OPERATION<br><i>1-5-51</i>  | 19B. MAJOR FINDINGS OF OPERATION<br><i>Thrombus in main coronary artery Right.</i>                     | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/> | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)               | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)            |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY                                      | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21F. HOW DID INJURY OCCUR?  |

22. I hereby certify that I attended the deceased from *1-4-51*, 19\_\_, to *1-22-51*, 19\_\_, that I last saw the deceased alive on *1-22-51*, 19\_\_, and that death occurred at *1:15 P.m.*, from the causes and on the date stated above.

|   |                                     |                                    |
|---|-------------------------------------|------------------------------------|
| 23A. SIGNATURE<br><i>Walter J. Bennett M.D.</i> | 23B. ADDRESS<br><i>Women's Hosp</i> | 23C. DATE SIGNED<br><i>1-22-51</i> |
|---|-------------------------------------|------------------------------------|

|  |                               |  |   |
|--|-------------------------------|--|---|
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><i>Burial</i> | 24B. DATE<br><i>1/25/1951</i> | 24C. NAME OF CEMETERY OR CREMATORY<br><i>Loudon Park</i> | 24D. LOCATION (City, town, or county) (State)<br><i>Baltimore</i> |
|--|-------------------------------|--|---|

|  |   |  |         |
|--|---|--|---------|
| DATE RECEIVED BY LOCAL REGISTRAR<br><i>JAN 23 1951</i> | REGISTRAR'S SIGNATURE<br><i>Huntington Williams</i> | 25. FUNERAL DIRECTOR<br><i>Thymer &amp; Fleming 1426 Light St.</i> | ADDRESS |
|--|---|--|---------|

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R-152

51 0682

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 0682  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Florence Williams Fletcher Robinson

2. DATE  
OF  
DEATH

Jan 20, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

5. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

512 N. ASQUITH

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

5-02

D. STREET ADDRESS (If rural, give location)

512 McElderry Street 5127, Asquith

Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

6. COLOR or RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housekeeper

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Louis Fletcher

14. MOTHER'S MAIDEN NAME

Millie ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

N.Y.

Charles Frazier, 10 Sefferts Place, Brooklyn

18.

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asphyxia, etc. It means the disease,  
injury or complication which caused death.)

(A) ASPIRATION OF VOMITUS

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) BRONCHO PNEUMONIA

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATHII  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT NOT WHILE  
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley H. Durlacher M.D.

23B. CHIEF MEDICAL EXAMINER.....

23C. DATE SIGNED

23D. MEDICAL INVESTIGATOR.....

Jan 20, 1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DECLARATION OF DEATH

NAME OF DECEASED

DATE OF DEATH  
PLACE OF DEATH  
CAUSE OF DEATH  
MANNER OF DEATH

DECEASED'S RESIDENCE  
DECEASED'S OCCUPATION

DECEASED'S MARITAL STATUS

DECEASED'S AGE  
DECEASED'S SEX

DECEASED'S RACE  
DECEASED'S RELIGION

DECEASED'S EDUCATION  
DECEASED'S SOCIAL SECURITY NUMBER

DECEASED'S BIRTH DATE  
DECEASED'S BIRTH PLACE

DECEASED'S BIRTH ORDER  
DECEASED'S BIRTH RECORD NUMBER

DECEASED'S BIRTH RECORD NUMBER  
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DECEASED'S BIRTH RECORD NUMBER

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| BIRTH NO. _____   |  | 1. NAME OF DECEASED<br>(Type or Print) <i>Willie Hall</i>   |  | 2. DATE OF DEATH<br><i>January 22, 1951</i>  |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland   |  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <i>Maryland</i> B. COUNTY _____ |  |  |  |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR INSTITUTION<br><i>2101 Cold Spring Lane</i> |  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><i>Baltimore 19-02</i>                            |  |  |  |
| D. STREET ADDRESS (If rural, give location)<br><i>243 N. Gilman St.</i>   |  | 5. SEX <i>Male</i> 6. COLOR OR RACE <i>C</i> 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>                        |  |  |  |
| 8. DATE OF BIRTH<br><i>Aug. 18, 1907</i>  |  | 9. AGE (In years - just birthday) <i>43</i>   |  | 10. Under 1 Year: Months _____ Days _____ 11. Under 24 Hours: Hours _____ Min. _____ |  |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><i>Porter</i>                                    |  | 10B. KIND OF BUSINESS OR INDUSTRY<br><i>Furniture Store</i>   |  | 11. BIRTHPLACE (State or foreign country)<br><i>Ind.</i>                             |  |
| 12. CITIZEN OF WHAT COUNTRY?<br><i>U. S. A.</i>   |  | 13. FATHER'S NAME<br><i>Rudolph Hall</i>  |  | 14. MOTHER'S MAIDEN NAME<br><i>Emma ?</i>  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)<br><i>No</i>  |  | 16. SOCIAL SECURITY NO. _____   |  | 17. INFORMANT<br><i>Mary H. Hall</i>   |  |
| 18. ADDRESS<br><i>243 Gilman St.</i>  |  |   |  |  |  |

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| 18. <i>447X</i><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><i>Uremia</i> |  | CAUSE OF DEATH<br><i>Uremia</i>                   |  | INTERVAL BETWEEN ONSET AND DEATH<br><i>2 weeks</i> |  |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><i>Hypertensive Cardio-vascular Renal Disease</i>  |  | (A) DUE TO _____<br>(B) DUE TO _____<br>(C) _____ |  |  |  |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  |  |   |  |  |  |

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| 19A. DATE OF OPERATION<br><i>1-25-1951</i>   |  | 19B. MAJOR FINDINGS OF OPERATION  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |  |
| 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)   |  | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                  |  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) |  |
| 21D. TIME (Month) (Day) (Year) (Hour) INJURY   |  | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21F. HOW DID INJURY OCCUR?   |  |
| 22. I hereby certify that I attended the deceased from <i>6/7/50</i> , 19 <i>50</i> , to <i>1/22</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>1/5</i> , 19 <i>51</i> , and that death occurred at <i>9 a.m.</i> , from the causes and on the date stated above. |  |   |  |  |  |
| 23A. SIGNATURE<br><i>Ralph W. Neuharth</i>   |  | 23B. ADDRESS<br><i>410 N. Gilman St.</i>  |  | 23C. DATE SIGNED<br><i>1/25/51</i>                                       |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><i>Burial</i>   |  | 24B. DATE<br><i>1-25-1951</i>   |  | 24C. NAME OF CEMETERY OR CREMATORY<br><i>Mt. Auburn Cem.</i>             |  |
| 24D. LOCATION (City, town, or county)<br><i>Balto</i>  |  | 24E. STATE<br><i>Md.</i>  |  | 25. FUNERAL DIRECTOR<br><i>Mrs. Katie R. Williams</i>                    |  |
| DATE RECEIVED BY LOCAL REGISTRAR   |  | REGISTRAR'S SIGNATURE<br><i>Wm. H. Williams</i>   |  | ADDRESS<br><i>322 N. Schenck St.</i>                                     |  |

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

|  |                               |  |   |
|--|-------------------------------|--|---|
| 1. NAME OF DECEASED<br>(Type or Print) <i>Jeannette Holbrook</i>   |                               | 2. DATE OF DEATH <i>9:10 AM Jan. 22, 1951</i>  |   |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland <i>4109 Amos Ave</i>   |                               | 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)<br>A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i> |   |
| B. FULL NAME OF HOSPITAL OR INSTITUTION _____  |                               | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 28-31</i>  |   |
| C. Length of stay in Baltimore <i>Life</i>   |                               | D. STREET ADDRESS (If rural, give location) <i>4109 Amos Avenue</i>  |   |
| 5. SEX <i>Female</i>   | 6. COLOR OR RACE <i>White</i> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>   | 8. DATE OF BIRTH <i>March 16, 1884</i>                            |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>   |                               | 10B. KIND OF BUSINESS OR INDUSTRY <i>Home</i>  | 9. AGE (In years last birthday) <i>66</i>                         |
| 11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>   |                               | 12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>   |   |
| 13. FATHER'S NAME <i>Conrad Bernhart</i>   |                               | 14. MOTHER'S MAIDEN NAME <i>Jeannette Wolf</i>   |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____  |                               | 16. SOCIAL SECURITY NO. _____  |   |
| 17. INFORMANT <i>Mrs. Milton H. Holbrook</i>   |                               | ADDRESS <i>4109 Amos Ave</i>   |   |
| 18. I <i>420.1</i><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><i>Coronary Thrombosis</i><br>DUE TO<br>ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><i>Art. Sclerosis - Coronary Arteriosclerosis</i><br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.<br><i>Hypertension - Diabetes Mellitus</i> |                               |  | INTERVAL BETWEEN ONSET AND DEATH<br><i>20 min</i><br><i>5 yrs</i> |
| 19A. DATE OF OPERATION <i>0</i>  |                               | 19B. MAJOR FINDINGS OF OPERATION   |   |
| 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |                               |  |   |
| 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____   |                               | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____  |   |
| 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____   |                               |  |   |
| 21D. TIME (Month) (Day) (Year) (Hour) INJURY _____   |                               | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                                    |   |
| 21F. HOW DID INJURY OCCUR? _____   |                               |  |   |
| 22. I hereby certify that I attended the deceased from <i>Jan. 1<sup>st</sup>, 1941</i> , to <i>Jan. 22<sup>nd</sup>, 1951</i> , that I last saw the deceased alive on <i>Jan. 22<sup>nd</sup>, 1951</i> , and that death occurred at <i>9:10 a.m.</i> , from the causes and on the date stated above.   |                               |  |   |
| 23A. SIGNATURE <i>James A. Miller M.D.</i>   |                               | 23B. ADDRESS <i>Pikesville, Md.</i>  |   |
| 23C. DATE SIGNED <i>1/22/51</i>  |                               |  |   |
| 24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>  |                               | 24B. DATE <i>January 24, 1951</i>  |   |
| 24C. NAME OF CEMETERY OR CREMATORY <i>Woods Chapel</i>   |                               | 24D. LOCATION (City, town, or county) (State) <i>Baltimore Co., Md.</i>  |   |
| DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 23 1951</i>  |                               | REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>   |   |
| 25. FUNERAL DIRECTOR <i>Loring Byers</i>   |                               | ADDRESS <i>5005 Ph. H. H. St.</i>  |   |



M-200

51 0685

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHX 51 0685  
Registered No.

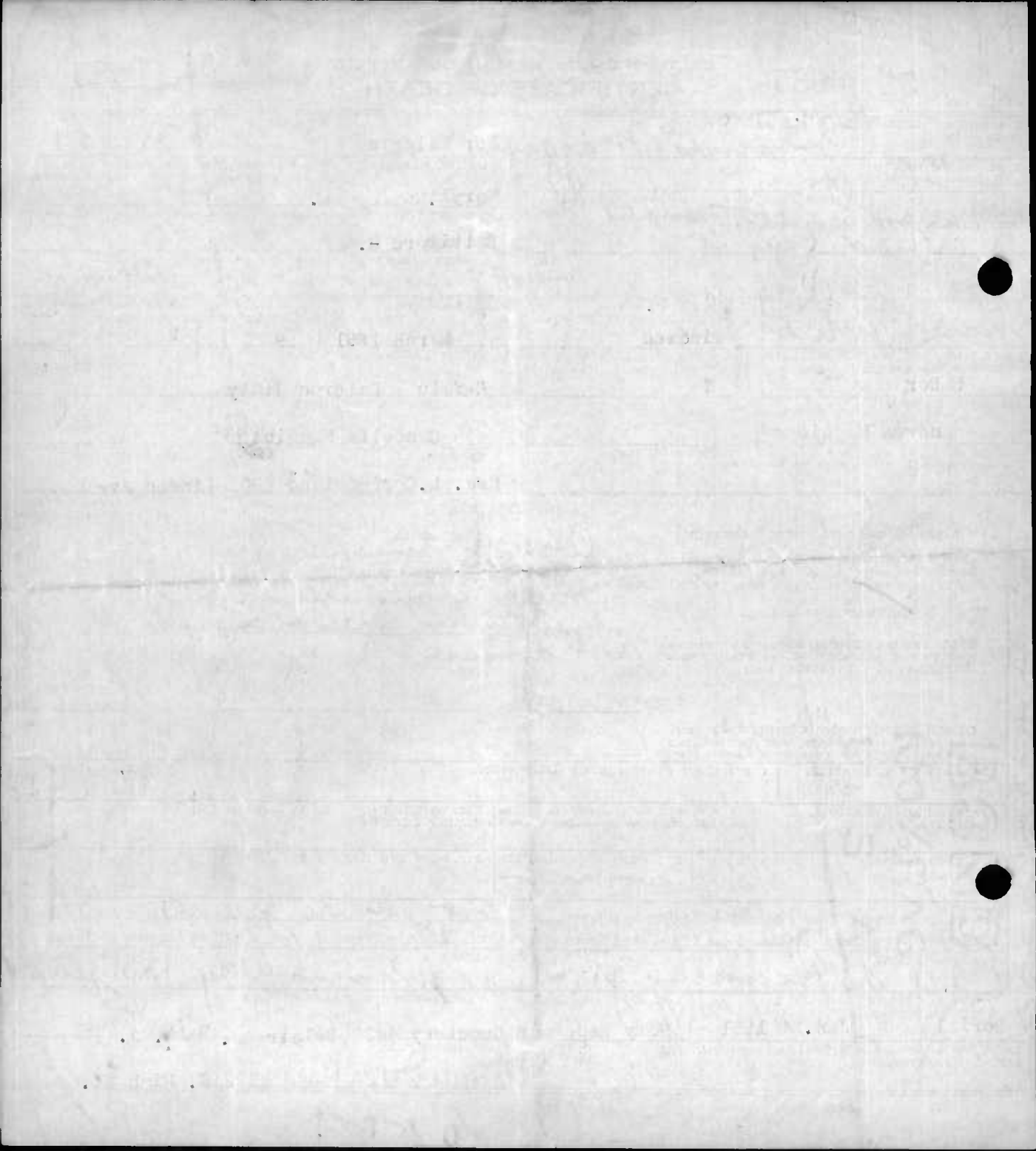
|   |  |   |  |  |  |
|---|--|---|--|--|--|
| 1. NAME OF DECEASED<br>(Type or Print) <b>GIACINTO</b><br><i>Giacinto Maggio or Maiggio</i>   |  |   | 2. DATE OF DEATH<br><b>20 Jan 51</b>   |  |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland   |  |   | 4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)<br>A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b> |  |  |
| B. FULL NAME OF HOSPITAL OR INSTITUTION<br><i>Good Samaritan Hospital</i><br><b>27 N. Carey St</b>  |  |   | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore Md.</b>   |  |  |
| D. STREET ADDRESS (If rural, give location)<br><b>13 FULLERTON HEIGHTS AVE - FULLERTON</b>  |  |   |  |  |  |
| 5. SEX<br><b>male</b>   |  |   | 6. COLOR OR RACE<br><b>white</b>   |  |  |
| 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Widowed</b>   |  |   | 8. DATE OF BIRTH<br><b>March 1891</b>  |  |  |
| 9. AGE (In years last birthday)<br><b>59</b>  |  |   | 10. UNDER 1 Year<br>Months: <b>9</b> Days: <b>9</b>  |  |  |
| 11. BIRTHPLACE (State or foreign country)<br><b>Cefalu Palermo Italy</b>  |  |   | 12. CITIZEN OF WHAT COUNTRY?<br><b>Italy</b>   |  |  |
| 13. FATHER'S NAME<br><b>Andrea Maggio</b>   |  |   | 14. MOTHER'S MAIDEN NAME<br><b>Candolfa Maggio</b>   |  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)<br><b>no</b>  |  |   | 16. SOCIAL SECURITY NO.<br><b>no</b>   |  |  |
| 17. INFORMANT<br><b>Mrs. L. Corteggiano</b>   |  |   | ADDRESS<br><b>6905 Linden Ave</b>  |  |  |
| 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Cerebral thrombosis</b>                  |  |   | INTERVAL BETWEEN ONSET AND DEATH   |  |  |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><b>marked arteriosclerosis and hypertension cardiovascular disease.</b>   |  |   |  |  |  |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.<br><b>II</b>  |  |   |  |  |  |
| 19A. DATE OF OPERATION<br><b>0</b>  |  |   | 19B. MAJOR FINDINGS OF OPERATION   |  |  |
| 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>  |  |   |  |  |  |
| 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)  |  | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                  |  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) |  |
| 21D. TIME (Month) (Day) (Year) (Hour) INJURY  |  | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21F. HOW DID INJURY OCCUR?   |  |
| 22. I hereby certify that I attended the deceased from <b>2 Oct 1950</b> to <b>20 Jan 1951</b> that I last saw the deceased alive on <b>19 Jan 1951</b> and that death occurred at <b>9:30 a.m.</b> from the causes and on the date stated above. |  |   |  |  |  |
| 23A. SIGNATURE<br><i>Emil H. Hennings Jr.</i>   |  | 23B. ADDRESS<br><b>601 Winans Way</b>   |  | 23C. DATE SIGNED<br><b>20 Jan 51</b>                                     |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |  | 24B. DATE<br><b>Jan. 24 1951</b>  |  | 24C. NAME OF CEMETERY OR CREMATORY<br><b>Holy Redeemer Cemetery</b>      |  |
| 24D. LOCATION (City, town, or county) (State)<br><b>Balt. Md.</b>   |  | 24E. FUNERAL DIRECTOR<br><b>Shannon Della Rose</b>  |  |  |  |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>Jan 23 1951</b>  |  | REGISTRAR'S SIGNATURE<br><i>Shannon Della Rose</i>  |  |  |  |

MEDICAL CERTIFICATION

AN 23 1951  
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51 0686BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 0686  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Mary T. Wright

2. DATE  
OF  
DEATH

Jan. 22nd., 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION 2936 Harford Road4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE before admission)  
B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)  
Baltimore 9-06

D. STREET ADDRESS (If rural, give location)

2936 Harford Road

Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
Married

8. DATE OF BIRTH

2-28-1873

9. AGE (In years  
last birthday)10 24  
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF  
WHAT COUNTRY?  
U.S.A.

13. FATHER'S NAME

James J. Griffin

14. MOTHER'S MAIDEN NAME

Mary Heaphy

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.  
None

17. INFORMANT

ADDRESS

Miss Mary A. Wright-2936 Harford Rd. Balto.

18.

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, athenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1946, to Jan. 22, 1951, that I last saw the  
deceased alive on Jan. 21, 1951, and that death occurred at 10 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Jan. 24th., 1951

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cemetery

24D. LOCATION (City, town, or county)

Edmondson Ave. Balto: Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

George J. Ruth, Inc.-1735 Harford Avenue

VS 150

937

1918

CERTIFICATE OF DEATH

1918

|                        |  |                          |  |                      |  |                       |  |                              |  |
|------------------------|--|--------------------------|--|----------------------|--|-----------------------|--|------------------------------|--|
| Name of Deceased       |  | Sex                      |  | Age                  |  | Date of Birth         |  | Place of Birth               |  |
| John Doe               |  | Male                     |  | 45                   |  | Jan 1, 1873           |  | New York, N.Y.               |  |
| Cause of Death         |  | Disease                  |  | Duration             |  | Time of Day           |  | Place of Death               |  |
| Heart Disease          |  | Myocardial Infarction    |  | 24 hours             |  | 10:30 AM              |  | Home                         |  |
| Occupation             |  | Education                |  | Marital Status       |  | Religion              |  | Signature of Physician       |  |
| Teacher                |  | High School              |  | Married              |  | Catholic              |  | [Signature]                  |  |
| Signature of Informant |  | Relationship to Deceased |  | Date of Death        |  | Time of Death         |  | Place of Death               |  |
| [Signature]            |  | Wife                     |  | Jan 15, 1918         |  | 10:30 AM              |  | Home                         |  |
| Signature of Registrar |  | Date of Registration     |  | Time of Registration |  | Place of Registration |  | Signature of Medical Officer |  |
| [Signature]            |  | Jan 16, 1918             |  | 1:00 PM              |  | City Hall             |  | [Signature]                  |  |



51 0687

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 0687  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Rebena Maisel

2. DATE  
OF  
DEATH

1-18-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

St. Agnes

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

St. Agnes

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

single

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

13. FATHER'S NAME

Fred. C. Maisel Jr.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

8. DATE OF BIRTH

6-17-49

9. AGE (in years  
last birthday)

11 yrs 7

12. CITIZEN OF  
WHAT COUNTRY?

U. S. A.

11. BIRTHPLACE (State or foreign country)

14. MOTHER'S MAIDEN NAME

Eliz. Curran

17. INFORMANT

ADDRESS

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Acidosis & Overwhelming  
ToemiaINTERVAL BETWEEN  
ONSET AND DEATH

1-11-51

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Pan Necrotizing Cystitis

1-18-51  
(over)II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐ NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-11, 1951, to 1-18, 1951, that I last saw the  
deceased alive on 1-18, 1951, and that death occurred at 10:35 P. M., from the causes and on the date stated above.

23A. SIGNATURE

A. Masnowski

M. D.

23B. ADDRESS

St. Agnes Hosp

23C. DATE SIGNED

1-19-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

1/22/51

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Park

24D. LOCATION (City, town, or county)

Woodlawn Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

JAN 22 1951

25. FUNERAL DIRECTOR

ADDRESS

Easton Sons Catonsville

VS 150

19510200686

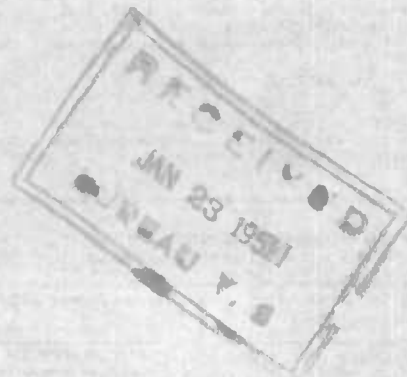
135a Md.

MEDICAL CERTIFICATION

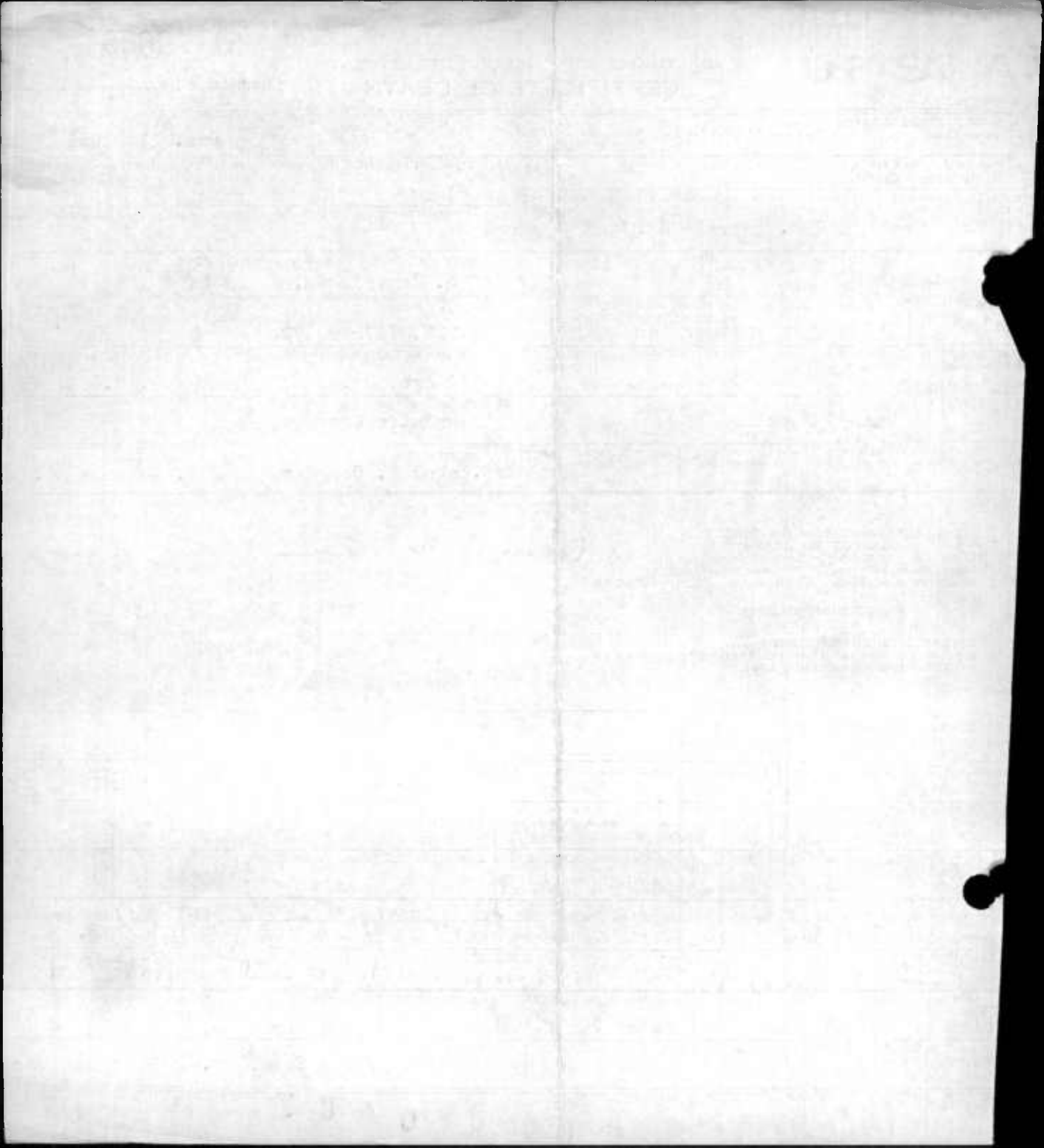


the problem  
Did autopsy findings establish underlying  
cause of the infant's death?

See Document File 51-0687  
2/21/51 ES







50

51 0689

BOLTON

51 0689

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

|  |                               |  |   |  |  |
|--|-------------------------------|--|---|--|--|
| 1. NAME OF DECEASED<br>(Type or Print) <i>Florence R. Bolton</i>   |                               |  | 2. DATE OF DEATH<br><i>Jan. 22-51</i>   |  |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland  |                               |  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <i>md.</i><br>B. COUNTY _____ |  |  |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)<br>INSTITUTION <i>626 Tunbridge Rd.</i> |                               |  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><i>Baltimore 27-48</i>                          |  |  |
| C. Length of stay in Baltimore<br>Yrs. _____<br>Mos. _____<br>Days _____   |                               |  | D. STREET ADDRESS (If rural, give location)<br><i>626 Tunbridge Rd.</i>   |  |  |
| 5. SEX<br><i>F</i>   | 6. COLOR OR RACE<br><i>W.</i> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><i>Wid.</i> | 8. DATE OF BIRTH<br><i>July 19-1874</i>   | 9. AGE (In years last birthday)<br><i>76</i> | 10. Under 1 Year Months: _____ Days: _____<br>11. Under 24 Hours Hours: _____ Min: _____ |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><i>Housewife</i>              |                               |  | 10B. KIND OF BUSINESS OR INDUSTRY   |  | 11. BIRTH PLACE (State or foreign country)<br><i>Canada</i>                              |
| 12. CITIZEN OF WHAT COUNTRY?<br><i>U.S.A.</i>  |                               |  | 13. FATHER'S NAME<br><i>White</i>   |  |  |
| 14. MOTHER'S MAIDEN NAME<br><i>Charlotte Simpson</i>   |                               |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)<br>Yes, no or unknown                        |  |  |
| 16. SOCIAL SECURITY NO.  |                               |  | 17. INFORMANT ADDRESS<br><i>Priscilla E. Bolton. 626 Tunbridge Rd.</i>  |  |  |

|   |  |   |   |   |  |
|---|--|---|---|---|--|
| 18. <i>443x and 145x</i><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><i>Hypertensive Arteriosclerotic Cardiovascular Disease</i> |  |   | CAUSE OF DEATH<br>(A) <i>Hypertensive Arteriosclerotic Cardiovascular Disease</i><br>DUE TO |   |  |
| 19. ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><i>Carcinoma, Tonsil, with Regional Metastasis</i>  |  |   | (B) _____<br>DUE TO   |   |  |
| 20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   |  |   | (C) _____   |   |  |
| 21. DATE OF OPERATION<br><i>0</i>   |  | 22. MAJOR FINDINGS OF OPERATION   |   | 23. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 24. ACCIDENT, SUICIDE, HOMICIDE (Specify)   | 25. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                  | 26. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) |   |   |  |
| 27. TIME (Month) (Day) (Year) (Hour)  | 28. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 29. HOW DID INJURY OCCUR?   |   |   |  |
| 30. I hereby certify that I attended the deceased from <i>Oct.</i> , 19 <i>46</i> , to <i>Jan. 22</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>Jan. 20</i> , 19 <i>51</i> , and that death occurred at <i>1:50 P.M.</i> , from the causes and on the date stated above.  |  |   |   |   |  |
| 31. SIGNATURE<br><i>Wm H. Kammner, Jr.</i>  |  | 32. ADDRESS<br><i>501 Sheridan Ave.</i>                                 |   | 33. DATE SIGNED<br><i>Jan 23, 1951</i>  |  |
| 34. SPECIAL CREMATION, REMOVAL (Specify)  | 35. DATE<br><i>Jan. 24-51</i>  | 36. NAME OF CEMETERY OR CREMATORY<br><i>Greenmount</i>                  | 37. LOCATION (City, town, or county) (State)<br><i>Balto.</i>                               |   |  |
| 38. DATE RECEIVED BY LOCAL REGISTRAR<br><i>JAN 24 1951</i>  | 39. REGISTRAR'S SIGNATURE<br><i>Wm H. Kammner, Jr.</i>   |   | 40. FUNERAL DIRECTOR ADDRESS<br><i>Wm Cook Inc. 1212 St Paul St</i>                         |   |  |

DEPARTMENT OF DEATH  
STATE OF TEXAS

VALLEY  
CONCRETE  
CO. INC.



350

51 0690

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0690

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Pearl V. Goodwin

2. DATE  
OF  
DEATH

1. 22. 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Doctors Hospital

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

Doctors Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

26-10

D. STREET ADDRESS (If rural, give location)

21385 Boulam Str.

C. Length of stay in Baltimore

45 years

Yrs.  
Mos.  
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

Aug 22, 1905

9. AGE (In years  
last birthday)

45

If Under 1 Year  
Months Days  
If Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

HOUSEWORK

10B. KIND OF BUSINESS OR  
INDUSTRY

HOME

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

John Goodwin

14. MOTHER'S MAIDEN NAME

LILLIE ZENTGRAF

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

MR. JOHN GOODWIN 21385 BOULAM ST.

18. 214X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

Pulmonary Embolism

INTERVAL BETWEEN  
ONSET AND DEATH

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

Fibroid Uterus 1 year

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

I. 19. 51

Fibroid uterus

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK22. I hereby certify that I attended the deceased from 1. 13 1951, to 1. 22 1951, that I last saw the  
deceased alive on 1. 22 1951, and that death occurred at 10<sup>06</sup> A.m., from the causes and on the date stated above.

23A. SIGNATURE

Louis J. Glen

23B. ADDRESS

M. D. 2224 N Charles St

23C. DATE SIGNED

1 22 51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 24 1951

JOHN F. DENNY, INC. 715 LIGHT ST - 30

STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

DEATH CERTIFICATE

NAME

AGE

SEX

RACE

DATE OF BIRTH

DATE OF DEATH

PLACE OF BIRTH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF INTERMENT

PLACE OF INTERMENT

SIGNATURE OF REGISTRAR

DATE OF SIGNATURE

OFFICE OF REGISTRAR

CITY OF NEW YORK

COUNTY OF NEW YORK

STATE OF NEW YORK

DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

NEW YORK, N.Y.

1900

1000

1000

1000

1000

1000

1000

1000

1000



51 0691

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0691

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

HELEN SLEDZ - FISHER

2. DATE

OF DEATH January 22, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

135 N. Glover Street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore

D. STREET ADDRESS (If rural, give location)

135 N. Glover Street

C. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

April 28, 1913

9. AGE (In years last birthday)

37

10 Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Stanislaus Kocienda

14. MOTHER'S MAIDEN NAME

Alexandra Nikocka

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Benjamin Fisher, 135 N. Glover Street

18. 331X I

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

central thrombosis, left hemiplegia

2 days.

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO  
(C)

essential hypertension

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 21, 1951, to Jan. 22, 1951, that I last saw the deceased alive on Jan. 21, 1951, and that death occurred at 3:00 p. m., from the causes and on the date stated above.

23A. SIGNATURE

L. C. Adair, M.D.

M. D.

23B. ADDRESS

447 W. Kenwood Ave.

23C. DATE SIGNED

1/23/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

1/26/51

24C. NAME OF CEMETERY OR CREMATORY

Holy Rosary

24D. LOCATION (City, town or county)

Baltimore

(State)

Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

L. C. Adair, M.D.

25. FUNERAL DIRECTOR

ADDRESS

M. F. Sadowski &amp; Sons, 1308 Eastern Avenue

100-100000

100-100000

[Faint, mostly illegible text and markings covering the page, including what appears to be a large number '100' on the left side and various smaller numbers and symbols.]

51 0692

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 0692  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

MARY Buehl

2. DATE  
OF  
DEATHJan 21<sup>st</sup> 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland 3518 Hudson St

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL, and give township)

Balto

26-09

D. STREET ADDRESS (If rural, give location)

3518 Hudson St

C. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

Female White

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widow

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

8. DATE OF BIRTH

Feb 1<sup>st</sup> 18939. AGE (In years  
last birthday)

77

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

John S. Engelmann

14. MOTHER'S MAIDEN NAME

Mary M. Winkler

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. B. Buehl 3518 Hudson St.

18. 421.4

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN  
ONSET AND DEATH

18 hrs

4 hrs

4 hrs

4 hrs

4 hrs

4 hrs

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/10, 1950, to 1/21, 1951, that I last saw the  
deceased alive on 1/20, 1951, and that death occurred at 12:00 PM, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 24 1951

Wilmington Williams, M.D.

Leah L. Leach 1701-03 N. Patterson Park Ave

VS 150

19510000691

922

MEDICAL CERTIFICATION

Dr. Kearney, Lib 2314  
3961 Harrison Blvd

160  
51 0693BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

51 0693

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Marie G. Weaver

2. DATE  
OF  
DEATHJan 22<sup>nd</sup> 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1135 Steiger Way

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

Md

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto

D. STREET ADDRESS (If rural, give location)

1135 Steiger Way Armstead Garden

C. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

8. DATE OF BIRTH

9. AGE (In years  
last birthday)11 Under 1 Year  
Months Days12 Under 24 Hours  
Hours Min.

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

Md

13. FATHER'S NAME

Franklin Stach

14. MOTHER'S MAIDEN NAME

Anna Lupinek

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Blesser 1135 Steiger Way

18. 420.1 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)(A) ...  
DUE TOHypertensive cardio  
vascular diseaseINTERVAL BETWEEN  
ONSET AND DEATH5 day  
P

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) ...  
DUE TO

Coronary occlusion

(C) ...

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE  
WORK AT WORK22. I hereby certify that I attended the deceased from 1-17-51, to 1-22-51, that I last saw the  
deceased alive on 1-21-51, and that death occurred at 11:00 am, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 24 1951

Washington Williams, M.D.

Leslie Leach 1701-03 N. Patterson Park Ave

Mr. Ruzicka.

520 51 0694

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 0694

BIRTH NO. 49-24385

|  |                                  |  |   |  |
|--|----------------------------------|--|---|--|
| 1. NAME OF DECEASED<br>(Type or Print) <i>Ernest M. Deems Rosemary Deems</i>                             |                                  |  | 2. DATE OF DEATH<br><i>Jan 22<sup>nd</sup> 1951</i>   |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland <i>1612 N. Port St.</i>                                |                                  |  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <i>Md</i><br>C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <i>Balto</i><br>D. STREET ADDRESS (If rural, give location) <i>1612 N. Port St</i> <i>8-02</i> |  |
| B. FULL NAME OF HOSPITAL OR INSTITUTION  |                                  |  | 9. AGE (In years last birthday) <i>10 5</i><br>If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.  |  |
| C. Length of stay in Baltimore <i>Life</i>   |                                  |  | 10. BIRTHPLACE (State or foreign country) <i>Md</i>   |  |
| 5. SEX<br><i>Female</i>  | 6. COLOR OR RACE<br><i>White</i> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><i>Infant</i> | 11. BIRTHPLACE (State or foreign country) <i>Md</i>   |  |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)              |                                  |  | 12. CITIZEN OF WHAT COUNTRY?  |  |
| 13. FATHER'S NAME<br><i>Ernest A. Deems</i>  |                                  |  | 14. MOTHER'S MAIDEN NAME<br><i>Mary Ioramina</i>  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) |                                  |  | 16. SOCIAL SECURITY NO.   |  |
| 17. INFORMANT<br><i>Ernest M. Deems</i>  |                                  |  | ADDRESS<br><i>1612 N. Port St.</i>  |  |

|   |  |   |  |   |
|---|--|---|--|---|
| 18. <i>491X</i><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><br>ANTECEDENT CAUSES<br><br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><br>II<br><br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. |  | CAUSE OF DEATH<br>(A) <i>Bacterial Pneumonia</i><br>DUE TO<br>(B) <i>Myocardial Congestion</i><br>DUE TO<br>(C) |  | INTERVAL BETWEEN ONSET AND DEATH<br><i>3 days</i><br><i>since birth</i> |
|---|--|---|--|---|

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| 19A. DATE OF OPERATION <i>0</i>  |  | 19B. MAJOR FINDINGS OF OPERATION  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |  |
| 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)   |  | 21B. PLACE OF INJURY (e. g., In or about home, farm, factory, street, office bldg., etc.)                 |  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) |  |
| 21D. TIME (Month) (Day) (Year) (Hour) INJURY   |  | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21F. HOW DID INJURY OCCUR?   |  |
| 22. I hereby certify that I attended the deceased from <i>25 Oct</i> , 19 <i>49</i> , to <i>22 Jan</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>20 Jan</i> , 19 <i>51</i> , and that death occurred at <i>1 P</i> m., from the causes and on the date stated above. |  |   |  |  |  |
| 23A. SIGNATURE<br><i>Ernest M. Deems</i>   |  | 23B. ADDRESS<br><i>1612 N. Melkman Ave</i>  |  | 23C. DATE SIGNED<br><i>23 Jan 51</i>                                     |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><i>Burial</i>   |  | 24B. DATE<br><i>Jan 24<sup>th</sup> 1951</i>  |  | 24C. NAME OF CEMETERY OR CREMATORY<br><i>Holy Reddemon</i>               |  |
| 24D. LOCATION (City, town, or county) (State)<br><i>Belair Road</i>  |  | 25. FUNERAL DIRECTOR<br><i>Leo D. Cook</i> 1701-03 N. Patterson Park Ave                                  |  |  |  |



Mr Goodman

460

NAYLOR

51 0695

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 0695  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Anna M. Naylor

2. DATE  
OF  
DEATH

Jan. 22, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

521 Wyeth St

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

(If not in hospital or institution, give street address or location)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

521 Wyeth

Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

B. DATE OF BIRTH

May 14, 1878

9. AGE (In years  
last birthday)

72

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, or go if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

at home

11. BIRTH PLACE (State or foreign country)

Balto

12. CITIZEN OF  
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Bond

14. MOTHER'S MAIDEN NAME

Don't know

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, or unknown)

No

(If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

None

17. INFORMANT

ADDRESS

Mrs Marion B Bond 521 Wyeth St

18. 4201

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Coronary Thrombosis

DUE TO

Interval between  
onset and death

sudden

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Arteriosclerotic Coronary

DUE TO

2 years

(C)

artery Disease

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-23-1944 to 1-22, 1951, that I last saw the  
deceased alive on 1-22, 1951, and that death occurred at 8:35 P. M., from the causes and on the date stated above.

23A. SIGNATURE

John P. Meech, Jr

M. D.

23B. ADDRESS

1227 Wash. Blvd

23C. DATE SIGNED

1-24-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

Jan 25, 1951

24C. NAME OF CEMETERY OR CREMATORY

Cedar Hill

24D. LOCATION (City, town, or county)

A. A. B.

MAY

DATE RECEIVED BY  
LOCAL REGISTRAR

JAN 24 1951

REGISTRAR'S SIGNATURE

John P. Meech, Jr

25. FUNERAL DIRECTOR

ADDRESS

J. Paul &amp; Sons 1400 S. Charles St

VS 150

19510200694

94a

MEDICAL CERTIFICATION

45

NOV 10 1914

COAST GUARD

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WATER

51 0696

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 0696  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

JOHN RICHARD HAGY

2. DATE

OF  
DEATH January 22, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Baltimore City Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Edgemere

D. STREET ADDRESS (If rural, give location)

2618 Masseth Avenue

Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

Nov. 27, 1943

9. AGE (In years  
last birthday)

7

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

School

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Edgemere, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John R. Hagy

14. MOTHER'S MAIDEN NAME

Virginia Day

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

John R. Hagy 2618 Maseth Ave.

18. E.P. 12.4

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Ruptured liver

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

(B) Intraperitoneal hemorrhage

INTERVAL BETWEEN  
ONSET AND DEATHII  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☒ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)

Street

21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?

Sparrows Point Rd. near Brannon Avenue

21D. TIME (Month) (Day) (Year) (Hour)

January 22, 1951 3.30p.m.

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Pedestrian struck by automobile

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from  
Autopsy, Inspection or Inquiry  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William H. Wood

M.D.

23B. CHIEF MEDICAL EXAMINER.....☐ASSISTANT MEDICAL EXAMINER.....☒MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

Jan. 23, 1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Jan. 25, 1951

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn Cemetery

24D. LOCATION (City, town, or county)

Colgate, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William H. Wood

25. FUNERAL DIRECTOR

ADDRESS

Ullrich Funeral Home 2008 Orleans St.

VS 151

N-864.0

F B 0000695

170C

✓

MEDICAL CERTIFICATION



400  
51 0697BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 0697

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Edward Jerome Kelly, Sr.

2. DATE  
OF  
DEATH

1/22/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Maryland General Hospital

Yrs.  
Mos.  
Days

Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
married

8. DATE OF BIRTH

Nov. 10, 1890

9. AGE (in years  
last birthday)

60

If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR  
INDUSTRY

Balto. City

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Thomas Kelly

14. MOTHER'S MAIDEN NAME

Jennie Hennen

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Peter J. Kelly 3617 Patterson Ave. #7

18. 581.0

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(A) Terminal bronchopneumonia  
DUE TO  
(B) Portal cirrhosis  
(C) Subacute cholecystitisINTERVAL BETWEEN  
ONSET AND DEATH

Terminal

Unknown

Unknown

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-13 1951, to 1/22, 1951, that I last saw the  
deceased alive on 1/22, 1951, and that death occurred at 322 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

1/25/51

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 24 1951

Thos. J. Lickner &amp; Sons - Balto. Md.

VS 150

1951 012023 606

124B

NOTED  
RECEIVED  
JAN 10 1964



51 0638

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 0638

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Cloyd Milton Shade

2. DATE  
OF  
DEATH

1-23-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Md. Gen. Hosp.

Yrs.  
Mos.  
Days

C. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

Balto.

C. CITY OR TOWN

Balto.

D. STREET ADDRESS (If rural, give location)

531 E. 21st St.

#18

5. SEX

M

6. COLOR OR RACE

W

7. SING'LE, MARRIED, WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

March 25, 1884

9. AGE (In years last birthday)

66

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Engineer

10B. KIND OF BUSINESS OR INDUSTRY

Railroad

11. BIRTHPLACE (State or foreign country)

Penn.

12. CITIZEN OF WHAT COUNTRY?

USA.

13. FATHER'S NAME

Howard M. Shade

14. MOTHER'S MAIDEN NAME

Emily L. M<sup>o</sup> Cartney

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no

16. SOCIAL SECURITY NO.

705-05-3684

17. INFORMANT

Mrs. Bessie M. Shade - 531 E. 21st St.

18. 153X I

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Chemia*

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Metastatic bloody urters.*

DUE TO

(C) *Ca. sigmoid*II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

1-9-51

19B. MAJOR FINDINGS OF OPERATION

Carcinomatosis

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-26, 1950, to 1-23, 1951, that I last saw the deceased alive on 1-23, 1951, and that death occurred at 10:50 a. m., from the causes and on the date stated above.

23A. SIGNATURE

W. H. Bruden

23B. ADDRESS

Md. In Hosp.

23C. DATE SIGNED

1-23-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

1/26/51

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

W. H. Bruden

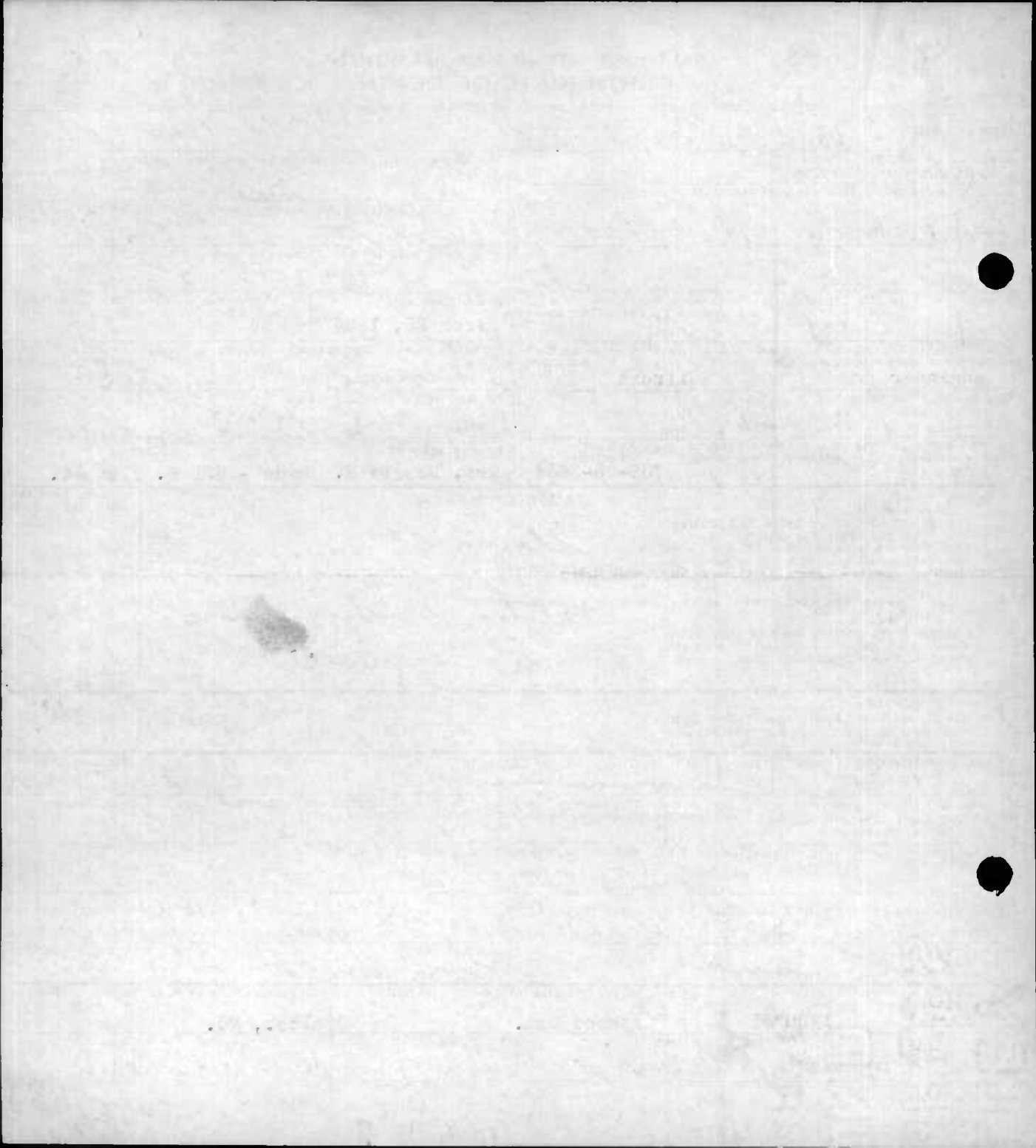
25. FUNERAL DIRECTOR

Wm. J. Pickens &amp; Son, Baltimore

ADDRESS

VS 150

46E



360

51 0699

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 0699

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| BIRTH NO.   |  | 1. NAME OF DECEASED<br>(Type or Print)   |  | 2. DATE OF DEATH   |  |
|   |  | George A Dieter  |  | Jan 22 - 1951  |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland   |  | 4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)<br>A. STATE Md B. COUNTY BALTO. CITY |  |  |  |
| B. FULL NAME OF HOSPITAL OR INSTITUTION<br>5303 Elsyade Ave   |  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br>BALTO CITY 27-06                           |  |  |  |
| D. STREET ADDRESS (If rural, give location)<br>5303 Elsyade Ave   |  |  |  |  |  |
| 5. SEX M  |  | 6. COLOR OR RACE W   |  | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br>Separated                                 |  |
| 8. DATE OF BIRTH<br>Oct. 10, 1860   |  | 9. AGE (In years, last birthday)<br>90   |  | 10. UNDER 1 Year Months Days 11. UNDER 24 Hours Hours Min.                                   |  |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Night Watchman   |  | 10B. KIND OF BUSINESS OR INDUSTRY<br>Ball Foundry  |  | 11. BIRTHPLACE (State or foreign country)<br>BALTO CITY                                      |  |
| 12. CITIZEN OF WHAT COUNTRY?<br>USA   |  | 13. FATHER'S NAME<br>Jacob Dieter  |  | 14. MOTHER'S MAIDEN NAME   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)<br>No   |  | 16. SOCIAL SECURITY NO.<br>NONE  |  | 17. INFORMANT<br>Mrs. Geo. A Dieter, White Marsh Rd  |  |
| 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)<br>420.1   |  | CAUSE OF DEATH<br>(A) Coronary Thrombosis<br>DUE TO  |  | INTERVAL BETWEEN ONSET AND DEATH   |  |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br>II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. |  | (B) DUE TO<br>(C) Laceration right ear   |  | CERTIFICATION APPROVED BY<br>R. Fisher M.D.<br>CHIEF OR ASST. MEDICAL EXAMINER.              |  |
| 19A. DATE OF OPERATION<br>0   |  | 19B. MAJOR FINDINGS OF OPERATION   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>                     |  |
| 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)<br>Fall against wall   |  | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br>Home                           |  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)<br>5303 Elsyade Ave |  |
| 21D. TIME (Month) (Day) (Year) (Hour)<br>1/22/51  |  | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>       |  | 21F. HOW DID INJURY OCCUR?<br>Fall to floor  |  |
| 22. I hereby certify that I attended the deceased from 1/22, 1951 to 1/22, 1951 that I last saw the deceased alive on 1/22, 1951, and that death occurred at 1 P. m., from the causes and on the date stated above.                                     |  |  |  |  |  |
| 23A. SIGNATURE<br>R. W. Fisher  |  | 23B. ADDRESS<br>5303 Elsyade Ave   |  | 23C. DATE SIGNED<br>1/23/51  |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial   |  | 24B. DATE<br>1/25/51   |  | 24C. NAME OF CEMETERY OR CREMATORY<br>St. Josephs Cem  |  |
| 24D. LOCATION (City, town, or county)<br>BALTO CO.  |  | 24E. FUNERAL DIRECTOR<br>Lussahn Funeral Home  |  | 24F. ADDRESS<br>7401 Belair Rd   |  |
| DATE RECEIVED BY LOCAL REGISTRAR<br>JAN 24 1951   |  | REGISTRAR'S SIGNATURE<br>Washington Williams, M.D.   |  | 25. FUNERAL DIRECTOR<br>Lussahn Funeral Home   |  |

MEDICAL CERTIFICATION

VS 150

To be OK'd by Medical Examiner

94a

General Thompson's Box

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REA-144849

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

|  |                                  |  |  |
|--|----------------------------------|--|--|
| 1. NAME OF DECEASED<br>(Type or Print) <b>(Nichodemus) Dennis Jordan or Deamus Jordan</b>                            |                                  | 2. DATE OF DEATH<br><b>Jan. 20, 1951</b>   |  |
| 3. PLACE OF DEATH:<br>A. <b>Baltimore City, Maryland Balto. City</b>   |                                  | 4. USUAL RESIDENCE (Where deceased lived. If institution, give street address or location)<br>A. STATE <b>Maryland</b><br>B. COUNTY <b>10-02</b> |  |
| B. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>Baltimore City Hospitals</b><br><b>4940 Eastern Avenue</b>             |                                  | C. CITY OR TOWN (If outside city limits, give rural and give township)<br><b>Baltimore</b>   |  |
| Length of stay in Baltimore <b>50 yrs.</b>   |                                  | D. STREET ADDRESS (If rural, give location)<br><b>1228 Monument Street</b>   |  |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>Negro</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Single</b>   | 8. DATE OF BIRTH<br><b>1-15-1889 ?</b>         |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Packer</b>         |                                  | 10B. KIND OF BUSINESS OR INDUSTRY<br><b>Canning Buissness</b>  | 9. AGE (In years last birthday)<br><b>62 ?</b> |
| 11. BIRTHPLACE (State or foreign country)<br><b>Virginia</b>   |                                  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>  |  |
| 13. FATHER'S NAME<br><b>Unknow</b>   |                                  | 14. MOTHER'S MAIDEN NAME<br><b>Mary Jordan</b>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)<br><b>No</b> |                                  | 16. SOCIAL SECURITY NO.  |  |
| 17. INFORMANT<br><b>Records: B. C. H.</b>  |                                  | ADDRESS<br><b>4940 Eastern Avenue</b>  |  |

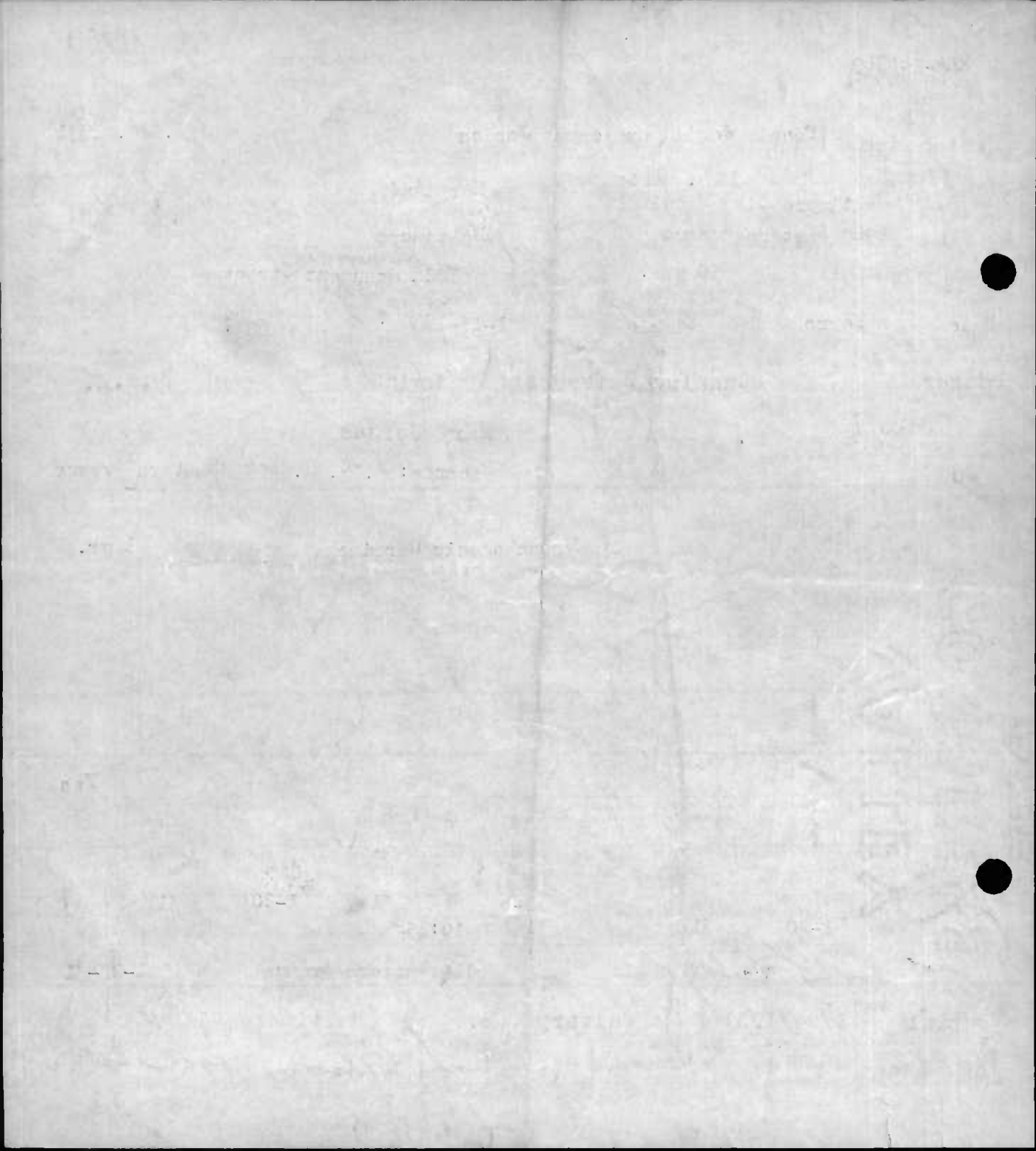
MEDICAL CERTIFICATION

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| 18. <b>162 X 1</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Bronchogenic Carcinoma</b><br>DUE TO<br>(A) <b>Bronchogenic Carcinoma</b><br>(B)<br>(C)<br>INTERVAL BETWEEN ONSET AND DEATH<br><b>1 yr.</b> |  |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  |  |
| 19A. DATE OF OPERATION <b>1-20</b>   | 19B. MAJOR FINDINGS OF OPERATION   |
| 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>  |  |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>   | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)               |
| 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)   |  |
| 21D. TIME (Month) (Day) (Year) (Hour) INJURY   | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |
| 21F. HOW DID INJURY OCCUR?   |  |
| 22. I hereby certify that I attended the deceased from <b>1-6</b> , 19 <b>51</b> , to <b>1-20</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>1-20</b> , 19 <b>51</b> , and that death occurred at <b>10:25 P.</b> m., from the causes and on the date stated above.   |  |
| 23A. SIGNATURE<br><b>D. C. Croyer</b><br>M. D.   | 23B. ADDRESS<br><b>4940 Eastern Avenue</b>   |
| 23C. DATE SIGNED<br><b>1-22-51</b>   |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 24B. DATE<br><b>1/24/1951</b>  |
| 24C. NAME OF CEMETERY OR CREMATORY<br><b>Mt Calvery Cem.</b>   | 24D. LOCATION (City, town, or county) (State)<br><b>Baltimore City</b>                                 |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>JAN 24 1951</b>   | REGISTRAR'S SIGNATURE<br><b>Wm. J. Williams, M.D.</b>  |
| FUNERAL DIRECTOR<br><b>Thos. Wilson 1000 Broadway</b>  |  |

VS 150

690 420 600

47c





320  
51 0701BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 0701  
Registered No.

|   |  |  |   |  |  |  |  |  |
|---|--|--|---|--|--|--|--|--|
| BIRTH NO.   |  |  | 1. NAME OF DECEASED<br>(Type or Print) <b>FLORENCE WATTS</b>  |  |  | 2. DATE OF DEATH <b>JAN 20, 1951</b>                                   |  |  |
| 3. PLACE OF DEATH:<br>a. Baltimore City, Maryland <b>Balto. City</b>  |  |  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Maryland</b> |  |  | b. COUNTY  |  |  |
| b. FULL NAME OF HOSPITAL OR INSTITUTION <b>JOHNS HOPKINS HOSPITAL</b>                                       |  |  | c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Balto. City 7-05</b>              |  |  | d. STREET ADDRESS (If rural, give location) <b>1519 E. Monument St</b> |  |  |
| Length of stay in Baltimore <b>Five</b>   |  |  | Yrs. <b>0</b><br>Mos. <b>0</b><br>Days <b>0</b>   |  |  | 8. DATE OF BIRTH <b>Jan 4-1879</b>                                     |  |  |
| 5. SEX <b>F</b>   |  |  | 6. COLOR OR RACE <b>C</b>   |  |  | 9. AGE (In years last birthday) <b>71</b>                              |  |  |
| 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>  |  |  | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Domestic</b>       |  |  | 10b. KIND OF BUSINESS OR INDUSTRY <b>at home</b>                       |  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Domestic</b> |  |  | 10b. KIND OF BUSINESS OR INDUSTRY <b>at home</b>  |  |  | 11. BIRTHPLACE (State or foreign country) <b>Baltimore Md</b>          |  |  |
| 13. FATHER'S NAME <b>Sam Barrett</b>  |  |  | 14. MOTHER'S MAIDEN NAME <b>unknown</b>   |  |  | 12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>                           |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No</b>                                  |  |  | 16. SOCIAL SECURITY NO.   |  |  | 17. INFORMANT <b>Joseph Laman</b> ADDRESS <b>1519 E. Monument St</b>   |  |  |

|  |  |                                  |
|--|--|----------------------------------|
| 18. <b>472-1-1</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean one mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)<br><b>Arteriosclerotic cardiovascular disease</b><br>DUE TO<br><b>disease</b> |  | INTERVAL BETWEEN ONSET AND DEATH |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  |  |                                  |

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|--|--|---|--|---|--|
| 19A. DATE OF OPERATION   |  | 19B. MAJOR FINDINGS OF OPERATION  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.   |  | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)            |  |
| 21D. TIME (Month) (Day) (Year) (Hour) INJURY   |  | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |  | 21F. HOW DID INJURY OCCUR?  |  |
| 22. I certify that I took charge of the remains described above, held an <b>Inspection &amp; Inquiry</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> . |  |   |  |   |  |
| 23A. SIGNATURE <b>Stanley H. Dunleavy M.D.</b>   |  | 23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input checked="" type="checkbox"/> |  | 23C. DATE SIGNED <b>Jan 21, 1951</b>  |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>  |  | 24B. DATE <b>1/25/51</b>  |  | 24C. NAME OF CEMETERY OR CREMATORY <b>Inf Calvary Cem.</b>                          |  |
| 24D. LOCATION (City, town, or county) <b>Balto. Md</b>   |  | 24E. STATE <b>Md</b>  |  |   |  |

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|---|--|--|--|---|--|
| DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 24 1951</b> |  | REGISTRAR'S SIGNATURE <b>Wilmington Williams, M.D.</b> |  | 25. FUNERAL DIRECTOR <b>Choyos. Wilson</b> ADDRESS <b>1000 Beauty and</b> |  |
|---|--|--|--|---|--|



DEATH ONE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

CAUSE OF DEATH

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 0702  
Registered No.

BIRTH NO. 57-01212

1. NAME OF DECEASED  
(Type or Print)

Baby Girl Guenther

2. DATE  
OF  
DEATH

Jan. 19, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION  
(If not in hospital or institution, give street address or location)

St. Joseph's Hospital

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore, Maryland

D. STREET ADDRESS (If rural, give location)

701 Lennox Street

1302

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Jan. 19, 1951

9. AGE (In years  
last birthday)10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.

6 19

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Nelson Guenther

14. MOTHER'S MAIDEN NAME

Iya Marie Mason

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18. 770.0 I

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Erythroblastosis, foetalis

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK22. I hereby certify that I attended the deceased from 1/19/1951, to 1/19/1951, that I last saw the  
deceased alive on 1/19/1951, and that death occurred at 5:22 P. M. from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

1400 N. Caroline Street

23C. DATE SIGNED

1/20/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 24 1951

Wm. J. Williams, Jr.

L. J. Luck

5305 Hayford Rd



51 0703

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 0703  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Ignatius Wojciechowski

2. DATE  
OF  
DEATH

1-23-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

6704 Boston Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE Md B. COUNTY before admission)C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore, Md.

D. STREET ADDRESS (If rural, give location)

6704 Boston Avenue 26-36

C. Length of stay in Baltimore

70 yrs

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
married

8. DATE OF BIRTH

11-10-79

9. AGE (in years  
last birthday) 71  
If Under 1 Year Months Days  
If Under 24 Hours Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR  
INDUSTRY  
Central Foundry

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF  
WHAT COUNTRY?  
USA

13. FATHER'S NAME

Joseph Wojciechowski

14. MOTHER'S MAIDEN NAME

Josephine

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.17. INFORMANT ADDRESS  
Mary Pietruska 6704 Boston Avenue

18. 420.1 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATH

Sudden

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☒  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 23, 1951, to Jan 23, 1951, that I last saw the  
deceased alive on Jan 23, 1951, and that death occurred at 8 A. m. from the causes and on the date stated above.

23A. SIGNATURE

Elias T. Schuchter M. D.

23B. ADDRESS

1001A Dundalk Ave.

23C. DATE SIGNED

Jan 23/51

24A. BURIAL, CREMA-  
TION, REINTERMENT (Specify)

24B. DATE

1-26-51

24C. NAME OF CEMETERY OR CREMATORY

Holy Rosary

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

403 S. Wolfe Street

JAN 24 1951

VS 150

97834 0702

937

MEDICAL CERTIFICATION

Dr. Schuster  
160, Vandell Ave

11-8-1

640 51 0704

FARRELL  
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0704  
Registered No.

|   |                           |  |                          |   |                                  |
|---|---------------------------|--|--------------------------|---|----------------------------------|
| BIRTH NO.   |                           | 1. NAME OF DECEASED<br>(Type or Print) GERTRUDE A. FARRELL   |                          | 2. DATE OF DEATH January 22, 1951                       |                                  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland   |                           | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE Maryland B. COUNTY |                          |   |                                  |
| 5. FULL NAME OF HOSPITAL OR INSTITUTION<br>1220 Linden Avenue                                       |                           | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br>Baltimore                            |                          |   |                                  |
| 6. Length of stay in Baltimore  |                           | D. STREET ADDRESS (If rural, give location)<br>1220 Linden Avenue  |                          |   |                                  |
| 5. SEX<br>Female  | 6. COLOR OR RACE<br>White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br>SINGLE  | 8. DATE OF BIRTH<br>1893 | 9. AGE (In years last birthday)<br>58                   | 10. Under 1 Year<br>Months: Days |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>NONE |                           | 10B. KIND OF BUSINESS OR INDUSTRY  |                          | 11. BIRTHPLACE (State or foreign country)<br>BALTO. MD. |                                  |
| 12. CITIZEN OF WHAT COUNTRY?  |                           | 13. FATHER'S NAME<br>JAS. J. FARRELL   |                          |   |                                  |
| 14. MOTHER'S MAIDEN NAME<br>FORESTELL   |                           | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)<br>NO                            |                          |   |                                  |
| 16. SOCIAL SECURITY NO.   |                           | 17. INFORMANT ADDRESS<br>MRS. ROSE MORRISON - 8207 Loch Raven  |                          |   |                                  |

|   |  |                                  |
|---|--|----------------------------------|
| 18. 344X I<br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br>INTERNAL HYDROCEPHALUS<br>(A) DUE TO<br>ANTECEDENT CAUSES<br>(B) DUE TO<br>(C) DUE TO<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | CAUSE OF DEATH<br>Internal hydrocephalus | INTERVAL BETWEEN ONSET AND DEATH |
|---|--|----------------------------------|

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| 19A. DATE OF OPERATION   |  | 19B. MAJOR FINDINGS OF OPERATION  |  | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |  |
| 21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.   |  | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)                 |  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)            |  |
| 21D. TIME (Month) (Day) (Year) (Hour) INJURY   |  | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21F. HOW DID INJURY OCCUR?  |  |
| 22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> . |  |   |  |   |  |
| 23A. SIGNATURE<br>William V. Smith   |  | 23B. CHIEF MEDICAL EXAMINER.....<br>M.D. MEDICAL INVESTIGATOR.....  |  | 23C. DATE SIGNED<br>Jan. 23, 1951   |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br>BURIAL  |  | 24B. DATE   |  | 24C. NAME OF CEMETERY OR CREMATORY<br>CATHEDRAL CEM.                                |  |
| 24D. LOCATION (City, town, or county)<br>CITY  |  | 25. FUNERAL DIRECTOR ADDRESS<br>Richfield & Son 87 E<br>Greenmount & 22nd St.                             |  |   |  |
| DATE RECEIVED BY LOCAL REGISTRAR<br>JAN 24 1951  |  | REGISTRAR'S SIGNATURE<br>William V. Smith   |  |   |  |

UNITED STATES DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH



1. Name of deceased  
2. Sex  
3. Race  
4. Date of birth  
5. Place of birth  
6. Usual residence  
7. Cause of death  
8. Date of death  
9. Time of death  
10. Signature of physician  
11. Signature of registrar  
12. Signature of informant

13. Signature of medical examiner  
14. Signature of coroner



000 51 0705

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0705

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)*Anna Shea*2. DATE  
OF  
DEATH*Jan. 22 1951*

3. PLACE OF DEATH:

A. Baltimore City, Maryland *1200 Valley St*

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION*Little Sisters of the Poor*

C. CITY OR TOWN (If outside corporate limits, write full name and give township)

*Baltimore**23-01*

D. STREET ADDRESS (If rural, give location)

*1430 Hanover St.*

5. SEX

*Female*

6. COLOR OR RACE

*White*7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)*widow*

8. DATE OF BIRTH

*Aug. 8, 1865*9. AGE (In years,  
last birthday)*86*If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

*Baltimore, Md.*12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

*Michael Eagan*

14. MOTHER'S MAIDEN NAME

*Mary M. Dermott*15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT ADDRESS

*Little Sisters of the Poor*

18.

*191X*

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

*Carcinoma Grace**1 yr.*

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

*Metastasis in Liver**1 mo.*

DUE TO

(C)

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Jan 5*, 1951, to *Jan 22*, 1951, that I last saw the  
deceased alive on *Jan 21*, 1951, and that death occurred at *10A* m., from the causes and on the date stated above.

23A. SIGNATURE

*E. Gill Hall MD*

M. D.

23B. ADDRESS

*1631 E North Ave*

23C. DATE SIGNED

*1/22/51*24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

*1/25/51*

24C. NAME OF CEMETERY OR CREMATORY

*Carlewood*

24D. LOCATION (City, town, or county)

*old Spinnaker Rd*

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

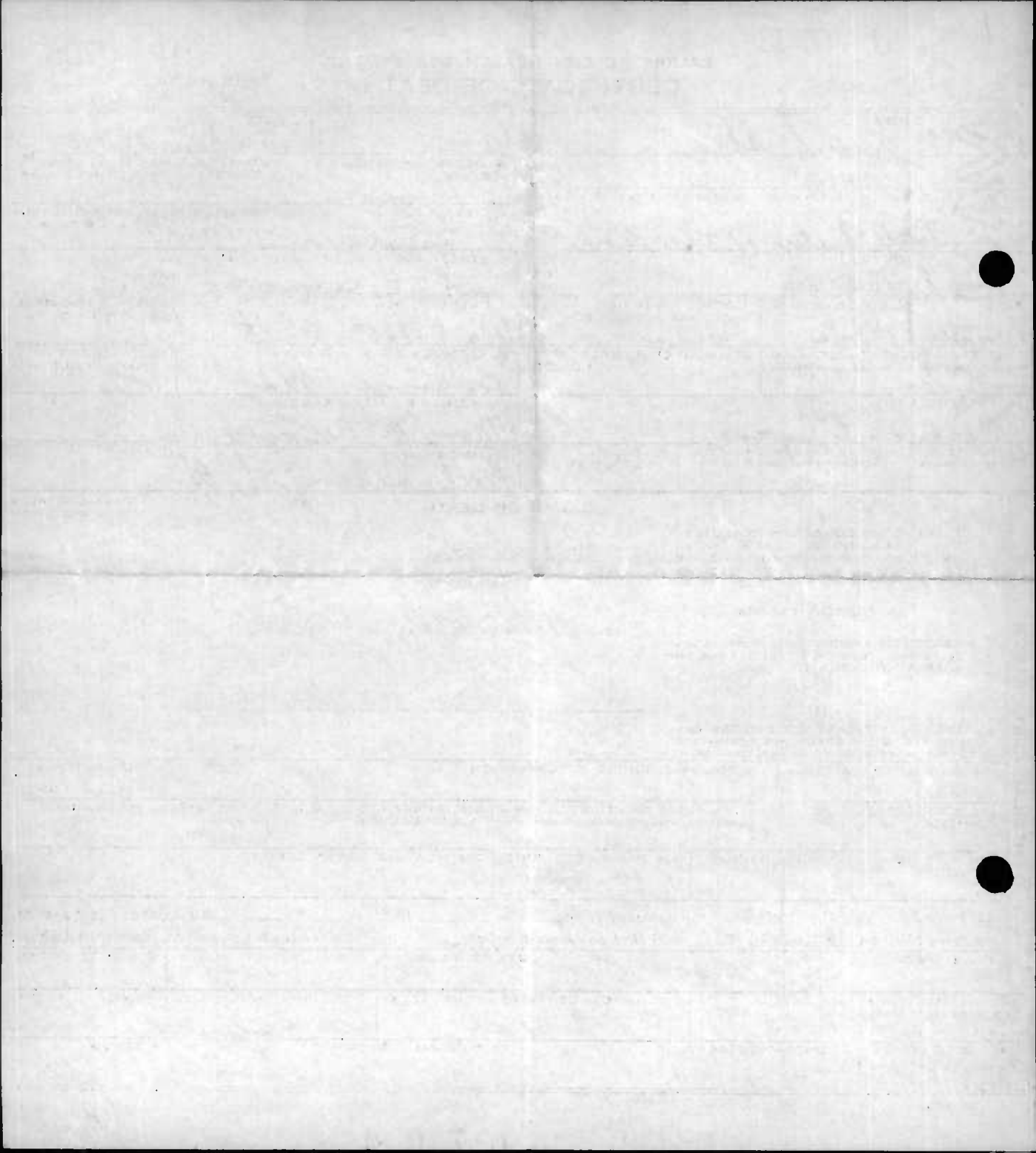
REGISTRAR'S SIGNATURE

*Wm. Williams, Jr.*

25. FUNERAL DIRECTOR

ADDRESS

*J. J. Baker 1318 Light*



65 51 0706

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 0706

BIRTH NO. 50-27865

|   |                          |   |                               |
|---|--------------------------|---|-------------------------------|
| 1. NAME OF DECEASED<br>(Type or Print) BENJAMIN McCORMICK   |                          | 2. DATE OF DEATH January 22, 1951   |                               |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland   |                          | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE Maryland<br>B. COUNTY |                               |
| B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital  |                          | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br>Baltimore 7-05                          |                               |
| Length of stay in Baltimore   |                          | D. STREET ADDRESS (If rural, give location)<br>1631 McElderry St.   |                               |
| 5. SEX Male   | 6. COLOR OR RACE Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)   | 8. DATE OF BIRTH 12/19/50     |
| 9. AGE (In years last birthday)   |                          | 10. Under 1 Year Months Days  | 11. Under 24 Hours Hours Min. |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)             |                          | 10B. KIND OF BUSINESS OR INDUSTRY   |                               |
| 13. FATHER'S NAME Benjamin C. McCormick   |                          | 14. MOTHER'S MAIDEN NAME Dora Campbell  |                               |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) |                          | 16. SOCIAL SECURITY NO.   |                               |
| 17. INFORMANT Dora McCormick  |                          | ADDRESS 1631 McElderry St.  |                               |

18. 493X I CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute diffuse pneumonia

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☒ NO ☐

|  |  |  |
|--|--|--|
| 21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH. | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)               | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21F. HOW DID INJURY OCCUR?   |

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion, resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.23A. SIGNATURE Stanley J. Dunsicker M.D. 23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐ 23C. DATE SIGNED Jan. 22, 1951

|  |                      |  |   |  |
|--|----------------------|--|---|--|
| 24A. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24B. DATE Jan. 25/95 | 24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cemetery | 24D. LOCATION (City, town, or county) A. A. Co. Md. | (State)  |
| DATE RECEIVED BY LOCAL REGISTRAR JAN 24 1951     |                      | REGISTRAR'S SIGNATURE Huntington Williams              |   | 25. FUNERAL DIRECTOR Robert Williams 15-15 McElderry St. |

STATE OF CALIFORNIA  
DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

DATE OF DEATH: \_\_\_\_\_

TIME OF DEATH: \_\_\_\_\_

PLACE OF DEATH: \_\_\_\_\_

AGE: \_\_\_\_\_

SEX: \_\_\_\_\_

RACE: \_\_\_\_\_

EDUCATION: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

CAUSE OF DEATH: \_\_\_\_\_

MANNER OF DEATH: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_

DATE OF DEATH: \_\_\_\_\_

TIME OF DEATH: \_\_\_\_\_

PLACE OF DEATH: \_\_\_\_\_

AGE: \_\_\_\_\_

SEX: \_\_\_\_\_

RACE: \_\_\_\_\_

EDUCATION: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

CAUSE OF DEATH: \_\_\_\_\_

MANNER OF DEATH: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_

DATE OF DEATH: \_\_\_\_\_

TIME OF DEATH: \_\_\_\_\_

PLACE OF DEATH: \_\_\_\_\_

AGE: \_\_\_\_\_

00 3 copies  
51 0707BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 0707  
Registered No.

|  |  |  |   |  |  |   |  |  |
|--|--|--|---|--|--|---|--|--|
| BIRTH NO.  |  |  | 1. NAME OF DECEASED<br>(Type or Print)  |  |  | 2. DATE OF DEATH                                |  |  |
|  |  |  | JOHN P. EWELL   |  |  | January 23, 1951                                |  |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland  |  |  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) |  |  |   |  |  |
| B. FULL NAME OF HOSPITAL OR INSTITUTION  |  |  | A. STATE  |  |  | B. COUNTY                                       |  |  |
| Maryland General Hospital  |  |  | Maryland  |  |  |   |  |  |
| C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)                             |  |  | D. STREET ADDRESS (If rural, give location)   |  |  |   |  |  |
| Baltimore  |  |  | 2503 N. Howard Street   |  |  |   |  |  |
| Length of stay in Baltimore  |  |  | Yrs. Mos. Days  |  |  |   |  |  |
| 5. SEX   |  |  | 6. COLOR OR RACE  |  |  | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) |  |  |
| Male   |  |  | Colored   |  |  | Single  |  |  |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)              |  |  | 10B. KIND OF BUSINESS OR INDUSTRY   |  |  | 8. DATE OF BIRTH                                |  |  |
|  |  |  | Soldier   |  |  | Oct 1914  |  |  |
| 13. FATHER'S NAME  |  |  | 16. SOCIAL SECURITY NO.   |  |  | 9. AGE (In years last birthday)                 |  |  |
| John Ewell   |  |  | 214-24-5735   |  |  | 26  |  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) |  |  | 17. INFORMANT   |  |  | 12. CITIZEN OF WHAT COUNTRY?                    |  |  |
|  |  |  | Annie Ewell   |  |  | U.S.A.  |  |  |
|  |  |  | ADDRESS   |  |  |   |  |  |
|  |  |  | 2539 N. Howard St   |  |  |   |  |  |

18. 434.3 and 226 X  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

## CAUSE OF DEATH

(A) Cor pulmonale

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Lipoma of chest wall

INTERVAL BETWEEN ONSET AND DEATH

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 19A. DATE OF OPERATION   |  | 19B. MAJOR FINDINGS OF OPERATION   |  | 20. AUTOPSY?   |  |
|  |  |  |  | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>      |  |
| 21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH. |  | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)              |  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) |  |
|  |  |  |  |  |  |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  |  | 21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK |  | 21F. HOW DID INJURY OCCUR?   |  |
|  |  |  |  |  |  |

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 23A. SIGNATURE                            |  | 23B. CHIEF MEDICAL EXAMINER.....<br>M.D. MEDICAL INVESTIGATOR..... |  | 23C. DATE SIGNED                             |  |
| William V. Williams                       |  |  |  | Jan. 23, 1951                                |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify) |  | 24B. DATE  |  | 24C. NAME OF CEMETERY OR CREMATORY           |  |
| Burial                                    |  | Jan. 27, 1951  |  | Mt Calvary Cem.                              |  |
| DATE RECEIVED BY LOCAL REGISTRAR          |  | REGISTRAR'S SIGNATURE  |  | 24D. LOCATION (City, town or county) (State) |  |
| JAN 24 1951                               |  | Huntington Williams  |  | A. A. Co. Md.                                |  |
|   |  | 25. FUNERAL DIRECTOR   |  | ADDRESS                                      |  |
|   |  | Robert E. Williams   |  | 1575 McElderry                               |  |

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

CAUSE OF DEATH

THIS DEATH WAS CAUSED BY

THE FOLLOWING DISEASE OR INJURY  
AND THE CAUSE OF DEATH WAS  
AS FOLLOWS:

THE DEATH OCCURRED AT THE  
RESIDENCE OF THE DECEASED  
ON THE DAY OF THE DEATH

AT THE PLACE OF THE DEATH

THE DEATH OCCURRED AT THE  
RESIDENCE OF THE DECEASED  
ON THE DAY OF THE DEATH

AT THE PLACE OF THE DEATH

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AT THE PLACE OF THE DEATH

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RESIDENCE OF THE DECEASED  
ON THE DAY OF THE DEATH

AT THE PLACE OF THE DEATH

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. 51 0708

BIRTH NO. 51 0708

1. NAME OF DECEASED  
(Type or Print)

AGNES

V

MILLER

2. DATE  
OF  
DEATH

January 23, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Union Memorial Hospital

Yrs.  
Mos.  
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore

D. STREET ADDRESS (If rural, give location)

1110 Kelly Place

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Unmarried

8. DATE OF BIRTH

Feb 13, 1882

9. AGE (In years  
last birthday)

68

If Under 1 Year  
Months: Days

If Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Weaver Retired

10B. KIND OF BUSINESS OR INDUSTRY

mt Vernon Mills

13. FATHER'S NAME

John O. Miller

CARDAGE (A)

11. BIRTHPLACE (State or foreign country)

Ind.

12. CITIZEN OF  
WHAT COUNTRY?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Bertha L. Hewitt 702 W 34th St.

18. 4221

**CAUSE OF DEATH**

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular

DUE TO

disease

**ANTECEDENT CAUSES**

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN  
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WHILE ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from  
Autopsy, Inspection or Inquiry  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

William H. Wood

23B. CHIEF MEDICAL EXAMINER.....☐

23C. DATE SIGNED

M. D.

MEDICAL INVESTIGATOR.....☐

Jan. 23, 1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

1/26/51

24C. NAME OF CEMETERY OR CREMATORY

Landon Park

24D. LOCATION (City, town, or county)

Fredrick Ave.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William H. Wood

25. FUNERAL DIRECTOR

ADDRESS

Paul E. Schenck 3615-17 Chestnut St.

AN 24 1951

V S 151

69045 0707

937 ✓

MEDICAL CERTIFICATION



BALTIMORE CITY DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

V

CHIEF OF DEATH

DATE

DEPARTMENT OF HEALTH

AGE

RESIDENT OF BALTIMORE CITY

DEPARTMENT OF HEALTH

0703

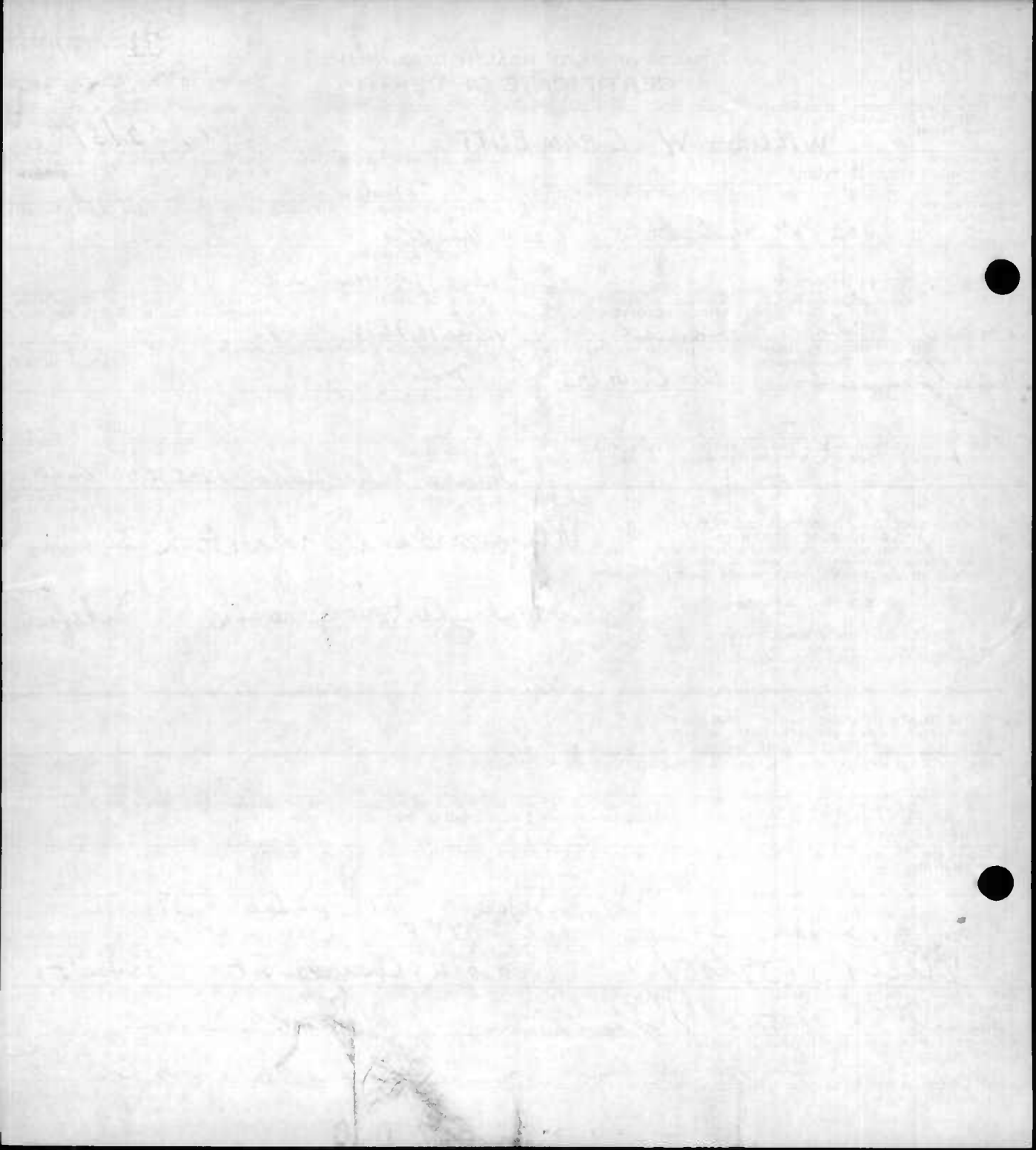
651  
1 0709

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0709

Registered No.

|   |                                  |   |  |
|---|----------------------------------|---|--|
| 1. NAME OF DECEASED<br>(Type or Print)<br><b>William W GRAMBLITT</b>  |                                  | 2. DATE OF DEATH<br><b>1/22/51</b>  |  |
| 3. PLACE OF DEATH:<br>a. Baltimore City, Maryland   |                                  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>md.</b> b. COUNTY <b>13-08</b> |  |
| b. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>1302 W. 41st St.</b>  |                                  | c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Balto</b>  |  |
| length of stay in Baltimore<br>Yrs. Mos. Days   |                                  | d. STREET ADDRESS (If rural, give location)<br><b>1302 W. 41st St.</b>  |  |
| 5. SEX<br><b>male</b>   | 6. COLOR OR RACE<br><b>white</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>married</b>   | 8. DATE OF BIRTH<br><b>July 16, 1874</b>     |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Retired Conductor</b>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>B + O. R. R.</b>  | 9. AGE (In years last birthday)<br><b>76</b> |
| 11. BIRTHPLACE (State or foreign country)<br><b>md.</b>   |                                  | 12. CITIZEN OF WHAT COUNTRY?  |  |
| 13. FATHER'S NAME   |                                  | 14. MOTHER'S MAIDEN NAME  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)   |                                  | 16. SOCIAL SECURITY NO.   |  |
| 17. INFORMANT<br><b>Clara V. Gramblitt</b>  |                                  | ADDRESS<br><b>1302 W. 41st St.</b>  |  |
| 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Myocardial Infarction</b>                   |                                  | INTERVAL BETWEEN ONSET AND DEATH<br><b>30 mins</b>  |  |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><b>Coronary Arteriosclerosis</b>  |                                  | Indefinite  |  |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   |                                  |   |  |
| 19a. DATE OF OPERATION  |                                  | 19b. MAJOR FINDINGS OF OPERATION  |  |
| 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |                                  |   |  |
| 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH   |                                  | 21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)   |  |
| 21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)  |                                  |   |  |
| 21d. TIME (Month) (Day) (Year) (Hour) OF INJURY   |                                  | 21e. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                           |  |
| 21f. HOW DID INJURY OCCUR?  |                                  |   |  |
| 22. I hereby certify that I attended the deceased from <b>22 Jan 1951</b> to <b>22 Jan 1951</b> , that I last saw the deceased alive on <b>22 Jan 1951</b> and that death occurred at <b>420 P m.</b> , from the causes and on the date stated above. |                                  |   |  |
| 23a. SIGNATURE<br><b>Paul E. Chensue</b>  |                                  | 23b. ADDRESS<br><b>2020 U. Charles St</b>   |  |
| 23c. DATE SIGNED<br><b>23 Jan 51</b>  |                                  |   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |                                  | 24b. DATE<br><b>1/25/51</b>   |  |
| 24c. NAME OF CEMETERY OR CREMATORY<br><b>Woodlawn</b>   |                                  | 24d. LOCATION (City, town, or county) (State)<br><b>Woodlawn Md.</b>  |  |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>JAN 24 1951</b>  |                                  | REGISTRAR'S SIGNATURE<br><b>William W. Williams</b>   |  |
| 25. FUNERAL DIRECTOR<br><b>Paul E. Chensue</b>  |                                  | ADDRESS<br><b>3615-17 Chestnut</b>  |  |



553  
0710BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0710

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Coretta Hammond

2. DATE  
OF  
DEATH

Jan. 20, '57

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, If institution: residence  
A. STATE

Ind.

B. COUNTY

before admission)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore - 21-01

D. STREET ADDRESS (If rural, give location)

921 S. S. Fremont Ave

Length of stay in Baltimore

40yrs

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

P

8. DATE OF BIRTH

4-9-08

9. AGE (In years  
last birthday)

42

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

Domestic

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Anthony S. Mothers

14. MOTHER'S MAIDEN NAME

Alverda Bailey

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

No

16. SOCIAL  
SECURITY NO.

None

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18. 445 X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Uremia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Malignant hypertension

(C)

INTERVAL BETWEEN  
ONSET AND DEATH

2 mos.

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 18, 1957, to Jan. 20, 1957, that I last saw the  
deceased alive on Jan. 20, 1957, and that death occurred at 11:40 am., from the causes and on the date stated above.

23A. SIGNATURE

Victor A. McKusick

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

Jan. 21, '57

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

1/26/57

24C. NAME OF CEMETERY OR CREMATORY

Arbutus Mem'l Pk

24D. LOCATION (City, town, or county)

Balto. County Md

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Walter G. Williams, M.D.

25. FUNERAL DIRECTOR

Chas. Horner

ADDRESS

512 N. Carrollton Av

VS 150

19510720840700

102



646  
51 0711

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0711  
Registered No.

|   |                              |  |   |   |   |
|---|------------------------------|--|---|---|---|
| 1. NAME OF DECEASED<br>(Type or Print) <b>TRAYLOR, ANDREW</b>   |                              |  | 2. DATE OF DEATH <b>1-22-51</b>   |   |   |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland   |                              |  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>MARYLAND</b> B. COUNTY |   |   |
| 5. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>28 UNIVERSITY HOSPITAL</b>  |                              |  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>BALTIMORE 4-01</b>                       |   |   |
| 6. LENGTH OF STAY IN BALTIMORE <b>10 yrs</b>  |                              |  | D. STREET ADDRESS (If rural, give location)<br><b>417 W. FAYETTE ST.</b>  |   |   |
| 5. SEX<br><b>M</b>  | 6. COLOR OR RACE<br><b>W</b> | 7. SINGLE (MARRIED)<br>WIDOWED, DIVORCED (Specify)   | 8. DATE OF BIRTH<br><b>11/25/1909</b>   | 9. AGE (In years last birthday)<br><b>41</b>  | 10. Under 1 Year<br>Months: Days: Hours: Min. |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>machinist</b>   |                              | 10B. KIND OF BUSINESS OR INDUSTRY<br><b>tool manufacturing</b>   |   | 11. BIRTHPLACE (State or foreign country)<br><b>Wheeling W. Va.</b>                 |   |
| 13. FATHER'S NAME<br><b>Unknown</b>   |                              | 14. MOTHER'S MARRIED NAME<br><b>Unknown</b>  |   | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)<br><b>-</b>  |                              | 16. SOCIAL SECURITY NO.<br><b>-</b>  |   | 17. INFORMANT<br><b>Mrs Rose H. Traylor Pearl St.</b>                               |   |
| 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Pulmonary atelectasis and Pulmonary edema</b>                          |                              |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>6 hrs</b>  |   |   |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br>(A) .....<br>(B) .....<br>(C) .....   |                              |  | CERTIFICATION APPROVED BY<br><b>R. Fisher</b> M. D.<br>CHIEF OR ASST. MEDICAL EXAMINER.                                     |   |   |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   |                              |  |   |   |   |
| 19A. DATE OF OPERATION <b>✓</b>   |                              | 19B. MAJOR FINDINGS OF OPERATION   |   | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |   |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>  |                              | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)               |   | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)            |   |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY   |                              | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |   | 21F. HOW DID INJURY OCCUR?  |   |
| 22. I hereby certify that I attended the deceased from <b>1-21</b> 19 <b>51</b> , to <b>22 Jan</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>10 PM</b> , 19 <b>51</b> , and that death occurred at <b>10 PM</b> , from the causes and on the date stated above. |                              |  |   |   |   |
| 23A. SIGNATURE<br><b>John E. Cowan</b>  |                              | 23B. ADDRESS<br><b>University Hospital</b>   |   | 23C. DATE SIGNED<br><b>1-23-51</b>  |   |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)   |                              | 24B. DATE<br><b>1/26/51</b>  |   | 24C. NAME OF CEMETERY OR CREMATOR<br><b>New Cathedral Cem.</b>                      |   |
| 24D. LOCATION (City, town, or county) (State)<br><b>4300 Old Frederick Rd.</b>  |                              | 24E. FUNERAL DIRECTOR<br><b>John F. Cowan &amp; Son</b>  |   | 24F. ADDRESS<br><b>901 Hollins St.</b>  |   |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>JAN 24 1951</b>  |                              | REGISTRAR'S SIGNATURE<br><b>Matthew G. Williams, M.D.</b>  |   | 25. FUNERAL DIRECTOR<br><b>John F. Cowan &amp; Son</b>                              |   |
| VS 150  |                              | To be approved by the Medical Examiner<br><b>54432</b>   |   |   |   |





120  
51 0712BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 0712  
Registered No.

|   |                                  |  |                                      |
|---|----------------------------------|--|--------------------------------------|
| 1. NAME OF DECEASED<br>(Type or Print) <b>Lloyd R. Hoopes.</b>  |                                  | 2. DATE OF DEATH <b>1/23/51</b>  |                                      |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland <b>Baltimore</b>  |                                  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>Maryland</b><br>B. COUNTY |                                      |
| B. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>Maryland General Hospital</b>   |                                  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore</b>                               |                                      |
| Length of stay in Baltimore <b>Life</b>   |                                  | D. STREET ADDRESS (If rural, give location)<br><b>4816 Norwood Ave</b>   |                                      |
| 5. SEX<br><b>MALE</b>   | 6. COLOR OR RACE<br><b>WHITE</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>MARRIED</b>  | 8. DATE OF BIRTH<br><b>6-22-1892</b> |
| 9. AGE (In years last birthday) <b>58</b>   |                                  | 10. Under 1 Year Months: Days: Hours: Min.   |                                      |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>CHAUFFEUR</b>   |                                  | 10B. KIND OF BUSINESS OR INDUSTRY<br><b>WESTINGHOUSE</b>   |                                      |
| 11. BIRTHPLACE (State or foreign country)<br><b>BALTIMORE MD.</b>   |                                  | 12. CITIZEN OF WHAT COUNTRY?   |                                      |
| 13. FATHER'S NAME<br><b>EUGENE F. HOOPES</b>  |                                  | 14. MOTHER'S MAIDEN NAME<br><b>ANNIE COLLINS</b>   |                                      |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)<br><b>No</b>  |                                  | 16. SOCIAL SECURITY NO.<br><b>218-12-4016</b>  |                                      |
| 17. INFORMANT<br><b>Carric Evelyn Hoopes</b>  |                                  | ADDRESS  |                                      |
| 18. <b>162X I</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Metastatic bronchogenic carcinoma</b><br>DUE TO<br><b>carcinoma of lung</b><br>DUE TO<br><b>carcinoma of lung</b><br>DUE TO<br><b>carcinoma of lung</b> |                                  | INTERVAL BETWEEN ONSET AND DEATH<br><b>8-22-49</b><br><b>9-23-51</b>   |                                      |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   |                                  |  |                                      |
| 19A. DATE OF OPERATION<br><b>8/22/49</b>  |                                  | 19B. MAJOR FINDINGS OF OPERATION<br><b>Pneumonectomy</b><br><b>RT bronchogenic carcinoma</b>                                   |                                      |
| 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |                                  |  |                                      |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>  |                                  | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                                       |                                      |
| 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)  |                                  |  |                                      |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY   |                                  | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                         |                                      |
| 21F. HOW DID INJURY OCCUR?  |                                  |  |                                      |
| 22. I hereby certify that I attended the deceased from <b>1-2</b> , 19 <b>51</b> to <b>1-23</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>1-23</b> , 19 <b>51</b> , and that death occurred at <b>5:00 P.M.</b> , from the causes and on the date stated above.   |                                  |  |                                      |
| 23A. SIGNATURE<br><b>Marguerite Luisa Candel</b>  |                                  | 23B. ADDRESS<br><b>Maryland General Hospital</b>   |                                      |
| 23C. DATE SIGNED<br><b>1-23-51</b>  |                                  |  |                                      |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |                                  | 24B. DATE<br><b>JAN 26-51</b>  |                                      |
| 24C. NAME OF CEMETERY OR CREMATORY<br><b>LORRAINE</b>   |                                  | 24D. LOCATION (City, town, or county) (State)<br><b>BALTO. MD.</b>   |                                      |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>JAN 24 1951</b>  |                                  | REGISTRAR'S SIGNATURE<br><b>William Williams</b>   |                                      |
| 25. FUNERAL DIRECTOR<br><b>Edgeworth Pennacost</b>  |                                  | ADDRESS<br><b>477</b>  |                                      |

1256833705018 Suburban Oak Ave,

STATE W-TC  
 OFFICE OF THE ATTORNEY GENERAL  
 DEPARTMENT OF JUSTICE  
 1000 BANKERS BUILDING  
 ST. LOUIS, MO.  
 MAY 15, 1908

RECEIVED  
 MAY 15, 1908  
 DEPARTMENT OF JUSTICE  
 OFFICE OF THE ATTORNEY GENERAL  
 1000 BANKERS BUILDING  
 ST. LOUIS, MO.

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

51 0713

Registered No. \_\_\_\_\_

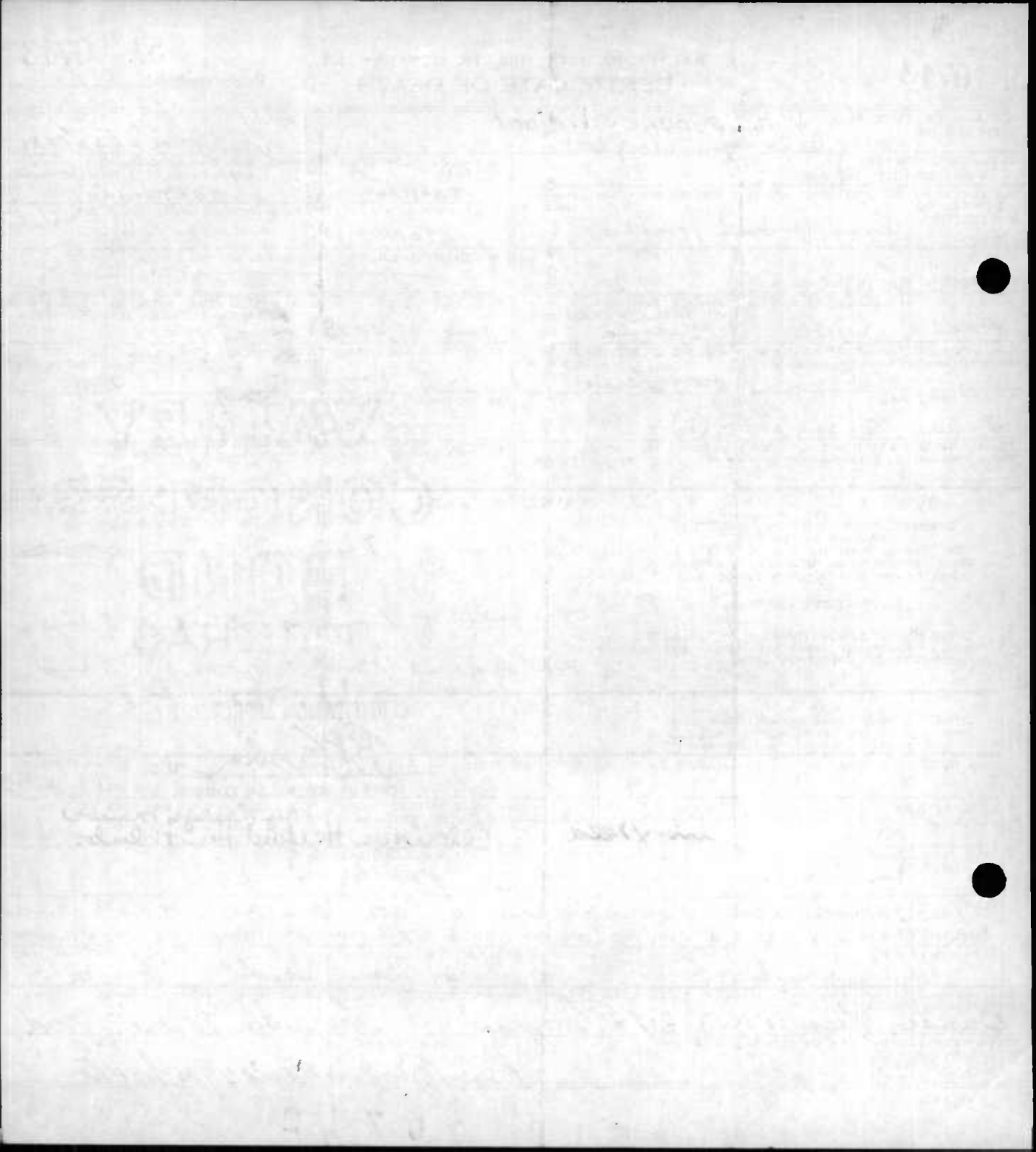
|  |  |  |  |
|--|--|--|--|
| 1. NAME OF DECEASED<br>(Type or Print) <b>W.H. DECOURCY WRIGHT</b><br><i>(W.H. DeCourcy Wright)</i>                    |  | 2. DATE OF DEATH<br><b>Jan. 23, 1951</b>   |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland  |  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>MARYLAND</b> B. COUNTY <b>BALTIMORE</b> |  |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)<br><b>Union Memorial Hospital</b> |  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>MONKTON</b>   |  |
| D. STREET ADDRESS (If rural, give location)<br><b>5300</b>   |  |  |  |
| 5. SEX<br><b>MALE</b>  |  | 6. COLOR OR RACE<br><b>WHITE</b>   |  |
| 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b>  |  | 8. DATE OF BIRTH<br><b>June 17, 1878</b>   |  |
| 9. AGE (In years last birthday)<br><b>77</b>   |  | 10. Under 1 Year Months: Days: If Under 24 Hours Hours: Min.   |  |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Farmer</b>           |  | 10B. KIND OF BUSINESS OR INDUSTRY<br><b>Iron Farm</b>  |  |
| 11. BIRTHPLACE (State or foreign country)<br><b>Maryland</b>   |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>   |  |
| 13. FATHER'S NAME<br><b>Daniel G. Wright (D)</b>   |  | 14. MOTHER'S MAIDEN NAME<br><b>Louisa Wigfall (L)</b>  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)<br><b>Unknown</b>                                    |  | 16. SOCIAL SECURITY NO.  |  |
| 17. INFORMANT <b>Mrs. Mary Wright</b> ADDRESS <b>Same.</b>   |  |  |  |

|  |  |   |
|--|--|---|
| 18. <b>E902.81</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Respiratory Paralysis</b> |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>15 Minutes</b> |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><b>Transsection of Cervical Spinal Cord</b>  |  | <b>3 days</b>   |
| (C) <b>Fracture of Neck (5th Cervical Vertebra)</b>  |  | <b>3 days</b>   |

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

**CERTIFICATION APPROVED BY**

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| 19A. DATE OF OPERATION<br><b>Jan. 20, 1951</b>   |  | 19B. MAJOR FINDINGS OF OPERATION<br><b>in field</b>   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>   |  | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><b>in field</b> |  | 21C. WHERE DID INJURY OCCUR?<br><b>This lady's Manor</b>                            |  |
| 21D. TIME (Month) (Day) (Year) (Hour)<br><b>Jan. 20, 1951</b>  |  | 21E. INJURY OCCURRED<br><b>While at work</b>  |  | 21F. HOW DID INJURY OCCUR?<br><b>Fell off horse</b>                                 |  |
| 22. I hereby certify that I attended the deceased from <b>Jan. 20, 1951</b> , to <b>Jan. 23, 1951</b> , that I last saw the deceased alive on <b>Jan. 23, 1951</b> , and that death occurred at <b>6:45 P.M.</b> , from the causes and on the date stated above. |  |   |  |   |  |
| 23A. SIGNATURE<br><b>H. R. Shoemaker</b>   |  | 23B. ADDRESS<br><b>Union Mem. Hospital</b>  |  | 23C. DATE SIGNED<br><b>Jan. 23, 1951</b>  |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |  | 24B. DATE<br><b>Jan 25 1951</b>   |  | 24C. NAME OF CEMETERY OR CREMATORY<br><b>St Thomas</b>                              |  |
| 24D. LOCATION (City, town, or county) (State)<br><b>Harrison Forest Md</b>   |  | 24E. FUNERAL DIRECTOR<br><b>Henry H. Jenkins</b>  |  | 24F. ADDRESS<br><b>Smith &amp; Gas York Rd</b>                                      |  |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>JAN 24 1951</b>   |  | REGISTRAR'S SIGNATURE<br><b>for William</b>   |  |   |  |



525  
51 0714BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 0714  
Registered No.

|   |                              |   |  |
|---|------------------------------|---|--|
| 1. NAME OF DECEASED<br>(Type or Print) <b>DELLA THERESA JOHNSON</b>   |                              | 2. DATE OF DEATH<br><b>Jan. 22, 1951</b>  |  |
| 3. PLACE OF DEATH:<br>A. <b>Baltimore City, Maryland</b>  |                              | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>Maryland</b> B. COUNTY               |  |
| B. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>1768 Homestead St.</b>  |                              | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore</b>  |  |
| D. STREET ADDRESS (If rural, give location)<br><b>1768 Homestead St.</b>  |                              | E. LENGTH OF STAY IN BALTIMORE<br><b>Life</b>   |  |
| 5. SEX<br><b>F</b>  | 6. COLOR OR RACE<br><b>W</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Widow</b>   | 8. DATE OF BIRTH<br><b>Oct. 11, 1864</b> |
| 9. AGE (In years last birthday)<br><b>86</b>  |                              | 10. CITIZEN OF WHAT COUNTRY?  |  |
| 11. BIRTHPLACE (State or foreign country)<br><b>Baltimore Md.</b>   |                              | 12. CITIZEN OF WHAT COUNTRY?  |  |
| 13. FATHER'S NAME<br><b>William Butler</b>  |                              | 14. MOTHER'S MAIDEN NAME<br><b>Catherine Mac Henney</b>   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)<br><b>No</b>  |                              | 16. SOCIAL SECURITY NO.<br><b>NONE</b>  |  |
| 17. INFORMANT<br><b>Mr. William Leo Johnson</b>   |                              | 18. CAUSE OF DEATH<br><b>Coronary Thrombosis</b><br>DUE TO<br><b>Arteriosclerotic Cardio Vascular Disease</b><br>DUE TO<br><b>Disease</b> |  |
| 19. DATE OF OPERATION<br><b>23-Feb</b>  |                              | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |  |
| 21. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH<br><input type="checkbox"/>  |                              | 22. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)<br><b>23-Feb</b>                                 |  |
| 23. TIME (Month) (Day) (Year) (Hour)<br><b>23-Feb</b>   |                              | 24. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                                  |  |
| 25. WHERE DID INJURY OCCUR?<br><b>23-Feb</b>  |                              | 26. HOW DID INJURY OCCUR?   |  |
| 27. I hereby certify that I attended the deceased from <b>23-Feb</b> , 19 <b>51</b> , to <b>22-Jan</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>22-Jan</b> , 19 <b>51</b> , and that death occurred at <b>10 P</b> m., from the causes and on the date stated above. |                              | 28. SIGNATURE<br><b>Chas W. Edwards</b>   |  |
| 29. ADDRESS<br><b>2746 The Alameda</b>  |                              | 30. DATE SIGNED<br><b>22-Jan-51</b>   |  |
| 31. BURIAL, CREMA- TION, REMOVAL (Specify)<br><b>Burial</b>   |                              | 32. DATE<br><b>Jan. 25, 1951</b>  |  |
| 33. NAME OF CEMETERY OR CREMATORY<br><b>Holy Redeemer Cemetery</b>  |                              | 34. LOCATION (City, town, or county) (State)<br><b>Baltimore Md</b>   |  |
| 35. DATE RECEIVED BY LOCAL REGISTRAR<br><b>JAN 24 1951</b>  |                              | 36. REGISTRAR'S SIGNATURE<br><b>William Leo Johnson</b>   |  |
| 37. FUNERAL DIRECTOR<br><b>Henry Sander &amp; Sons, Inc.</b>  |                              | 38. ADDRESS<br><b>Baltimore Md</b>  |  |

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500  
51 0715BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 0715

BIRTH NO.

|   |                                  |   |  |
|---|----------------------------------|---|--|
| 1. NAME OF DECEASED<br>(Type or Print) <u>Charles Bohn</u>  |                                  | 2. DATE OF DEATH <u>1/22/51</u>   |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland   |                                  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <u>Maryland</u> B. COUNTY |  |
| B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)<br><u>Lutheran Hospital of Md.</u> |                                  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><u>Baltimore</u> <u>28-21</u>               |  |
| c. Length of stay in Baltimore <u>Life</u>  |                                  | D. STREET ADDRESS (If rural, give location)<br><u>5418 Reisterstown Rd.</u>   |  |
| 5. SEX<br><u>Male</u>   | 6. COLOR OR RACE<br><u>White</u> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Married</u>   | 8. DATE OF BIRTH<br><u>Aug. 13, 1876</u>     |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Proprietor</u>                                |                                  | 10B. KIND OF BUSINESS OR INDUSTRY<br><u>Grocery Store</u>   | 9. AGE (In years last birthday)<br><u>74</u> |
| 11. BIRTHPLACE (State or foreign country)<br><u>Baltimore, Md.</u>  |                                  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>   |  |
| 13. FATHER'S NAME<br><u>John Fred Bohn</u>  |                                  | 14. MOTHER'S MAIDEN NAME<br><u>Unknown</u>  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)<br><u>no</u>  |                                  | 16. SOCIAL SECURITY NO.<br><u>none</u>  |  |
| 17. INFORMANT<br><u>Mrs. Louise W. Bohn</u>   |                                  | 18. ADDRESS<br><u>5418 Reisterstown Rd.</u>   |  |

|  |                                  |
|--|----------------------------------|
| 18. <u>420.1</u><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><u>Coronary Arteriosclerosis</u><br>DUE TO<br>ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><u>Arteriosclerotic Cardiovasc. Dis.</u><br><u>with</u><br><u>Cerebral thrombosis</u><br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.<br><u>Diphtheria</u> | INTERVAL BETWEEN ONSET AND DEATH |
|--|----------------------------------|

|  |   |   |
|--|---|---|
| 19A. DATE OF OPERATION <u>2</u>              | 19B. MAJOR FINDINGS OF OPERATION  | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)   | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)                 | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)            |
| 21D. TIME (Month) (Day) (Year) (Hour) INJURY | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21F. HOW DID INJURY OCCUR?  |

22. I hereby certify that I attended the deceased from Jan. 22, 1951, to Jan. 22, 1951, that I last saw the deceased alive on Jan. 22, 1951, and that death occurred at 9:50 P.m., from the causes and on the date stated above.

|                                      |   |                                    |
|--------------------------------------|---|------------------------------------|
| 23A. SIGNATURE<br><u>M H Edwards</u> | 23B. ADDRESS<br><u>Lutheran Hospital of Md.</u> | 23C. DATE SIGNED<br><u>1/23/51</u> |
|--------------------------------------|---|------------------------------------|

|  |   |  |  |
|--|---|--|--|
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><u>burial</u> | 24B. DATE<br><u>1/26/51</u>                         | 24C. NAME OF CEMETERY OR CREMATORY<br><u>Loudon Park Cemetery</u>                        | 24D. LOCATION (City, town, or county) (State)<br><u>Baltimore, Md.</u> |
| DATE RECEIVED BY LOCAL REGISTRAR<br><u>JAN 24 1951</u>     | REGISTRAR'S SIGNATURE<br><u>Wilmington Williams</u> | 25. FUNERAL DIRECTOR & SONS, INC. ADDRESS<br><u>BALTO. 13, MD.</u> <u>Scay P. Bander</u> |  |

1951 06100714 937



CERTIFICATE OF DEATH

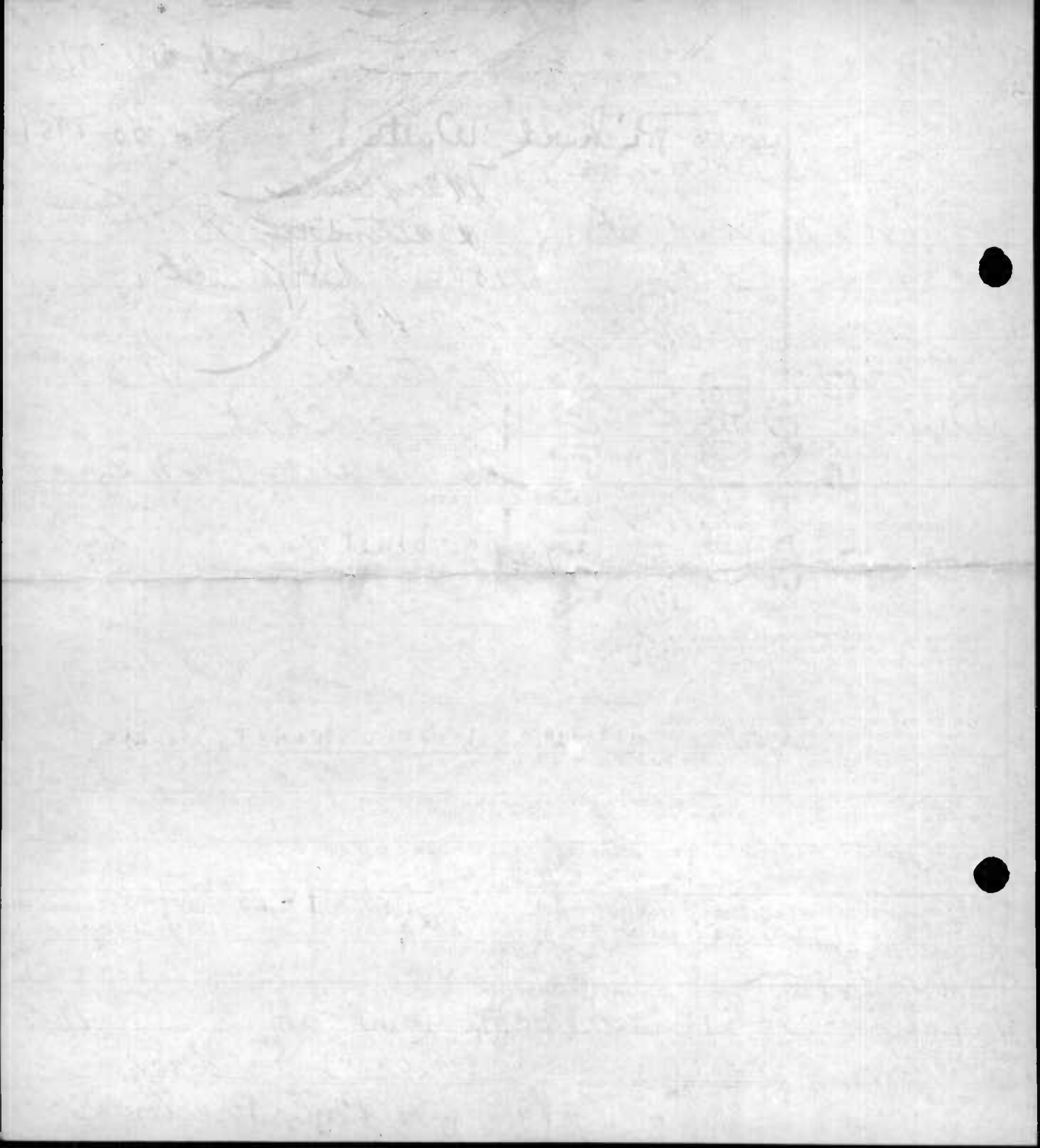
BRITISH

|                     |  |        |  |        |  |                  |  |                  |  |                   |  |                   |  |                           |  |                                 |  |                          |  |                                 |  |                            |  |                                 |  |                             |  |                                       |  |                        |  |                        |  |                        |  |                        |  |                        |  |                        |  |                        |  |                        |  |                        |  |                        |  |                        |  |                        |  |                        |  |                        |  |                        |  |                        |  |                        |  |                        |  |                        |  |                        |  |                        |  |                        |  |                        |  |                        |  |                        |  |                        |  |                        |  |                        |  |                        |  |                        |  |                        |  |                        |  |                        |  |                        |  |                        |  |                        |  |                        |  |                        |  |                        |  |                        |  |                        |  |                        |  |                        |  |                        |  |                        |  |                        |  |                        |  |                        |  |                        |  |                        |  |                        |  |                        |  |                        |  |                        |  |                        |  |                        |  |                        |  |                        |  |                        |  |                        |  |                        |  |                        |  |                        |  |                        |  |                        |  |                        |  |                        |  |                        |  |                        |  |                        |  |                        |  |                        |  |                        |  |                        |  |                        |  |                        |  |                        |  |                        |  |                        |  |                        |  |                        |  |                        |  |                        |  |                        |  |                         |  |
|---------------------|--|--------|--|--------|--|------------------|--|------------------|--|-------------------|--|-------------------|--|---------------------------|--|---------------------------------|--|--------------------------|--|---------------------------------|--|----------------------------|--|---------------------------------|--|-----------------------------|--|---------------------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|-------------------------|--|
| 1. Name of deceased |  | 2. Age |  | 3. Sex |  | 4. Date of death |  | 5. Time of death |  | 6. Place of death |  | 7. Cause of death |  | 8. Signature of Registrar |  | 9. Signature of Medical Officer |  | 10. Signature of Coroner |  | 11. Signature of Police Officer |  | 12. Signature of Constable |  | 13. Signature of Burial Officer |  | 14. Signature of Undertaker |  | 15. Signature of Minister of Religion |  | 16. Signature of Other |  | 17. Signature of Other |  | 18. Signature of Other |  | 19. Signature of Other |  | 20. Signature of Other |  | 21. Signature of Other |  | 22. Signature of Other |  | 23. Signature of Other |  | 24. Signature of Other |  | 25. Signature of Other |  | 26. Signature of Other |  | 27. Signature of Other |  | 28. Signature of Other |  | 29. Signature of Other |  | 30. Signature of Other |  | 31. Signature of Other |  | 32. Signature of Other |  | 33. Signature of Other |  | 34. Signature of Other |  | 35. Signature of Other |  | 36. Signature of Other |  | 37. Signature of Other |  | 38. Signature of Other |  | 39. Signature of Other |  | 40. Signature of Other |  | 41. Signature of Other |  | 42. Signature of Other |  | 43. Signature of Other |  | 44. Signature of Other |  | 45. Signature of Other |  | 46. Signature of Other |  | 47. Signature of Other |  | 48. Signature of Other |  | 49. Signature of Other |  | 50. Signature of Other |  | 51. Signature of Other |  | 52. Signature of Other |  | 53. Signature of Other |  | 54. Signature of Other |  | 55. Signature of Other |  | 56. Signature of Other |  | 57. Signature of Other |  | 58. Signature of Other |  | 59. Signature of Other |  | 60. Signature of Other |  | 61. Signature of Other |  | 62. Signature of Other |  | 63. Signature of Other |  | 64. Signature of Other |  | 65. Signature of Other |  | 66. Signature of Other |  | 67. Signature of Other |  | 68. Signature of Other |  | 69. Signature of Other |  | 70. Signature of Other |  | 71. Signature of Other |  | 72. Signature of Other |  | 73. Signature of Other |  | 74. Signature of Other |  | 75. Signature of Other |  | 76. Signature of Other |  | 77. Signature of Other |  | 78. Signature of Other |  | 79. Signature of Other |  | 80. Signature of Other |  | 81. Signature of Other |  | 82. Signature of Other |  | 83. Signature of Other |  | 84. Signature of Other |  | 85. Signature of Other |  | 86. Signature of Other |  | 87. Signature of Other |  | 88. Signature of Other |  | 89. Signature of Other |  | 90. Signature of Other |  | 91. Signature of Other |  | 92. Signature of Other |  | 93. Signature of Other |  | 94. Signature of Other |  | 95. Signature of Other |  | 96. Signature of Other |  | 97. Signature of Other |  | 98. Signature of Other |  | 99. Signature of Other |  | 100. Signature of Other |  |
|---------------------|--|--------|--|--------|--|------------------|--|------------------|--|-------------------|--|-------------------|--|---------------------------|--|---------------------------------|--|--------------------------|--|---------------------------------|--|----------------------------|--|---------------------------------|--|-----------------------------|--|---------------------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|-------------------------|--|

320  
0716BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 0716

|  |                             |   |                                   |  |  |
|--|-----------------------------|---|-----------------------------------|--|--|
| BIRTH NO.  |                             | 1. NAME OF DECEASED<br>(Type or Print) <i>James Richard Watts</i>   |                                   | 2. DATE OF DEATH <i>Jan 20-1951</i>                                      |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland <i>Baltimore</i>   |                             | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <i>Maryland</i> B. COUNTY                                     |                                   |  |  |
| B. FULL NAME OF HOSPITAL OR INSTITUTION <i>1806 N Bond St</i>  |                             | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 8-05</i>  |                                   |  |  |
| C. Length of stay in Baltimore <i>Life</i>   |                             | D. STREET ADDRESS (If rural, give location) <i>1806 N Bond St</i>   |                                   |  |  |
| 5. SEX <i>Male</i>   | 6. COLOR OR RACE <i>col</i> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>  | 8. DATE OF BIRTH <i>1-17-1880</i> | 9. AGE (in years last birthday) <i>71</i>                                | 10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min. |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>   |                             | 10B. KIND OF BUSINESS OR INDUSTRY   |                                   | 11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>               |  |
| 12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>   |                             | 13. FATHER'S NAME <i>William Watts</i>  |                                   | 14. MOTHER'S MAIDEN NAME <i>Annie Short</i>                              |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)   |                             | 16. SOCIAL SECURITY NO.   |                                   | 17. INFORMANT ADDRESS <i>Blanches Watts 1806 N Bond St</i>               |  |
| 18. <i>201X1</i><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br>DUE TO <i>Lymphoblastoma</i> |                             | CAUSE OF DEATH  |                                   | INTERVAL BETWEEN ONSET AND DEATH <i>1 yr</i>                             |  |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br>(B)<br>(C)   |                             | II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.<br><i>arterio-sclerotic heart disease</i> |                                   |  |  |
| 19A. DATE OF OPERATION <i>0</i>  |                             | 19B. MAJOR FINDINGS OF OPERATION  |                                   | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |  |
| 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)   |                             | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |                                   | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) |  |
| 21D. TIME (Month) (Day) (Year) (Hour) INJURY   |                             | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |                                   | 21F. HOW DID INJURY OCCUR?   |  |
| 22. I hereby certify that I attended the deceased from <i>11-30-1950</i> to <i>1-20-1951</i> that I last saw the deceased alive on <i>1-20-1951</i> and that death occurred at <i>3:15 p.m.</i> , from the causes and on the date stated above.    |                             |   |                                   |  |  |
| 23A. SIGNATURE <i>[Signature]</i>  |                             | 23B. ADDRESS <i>200 EAST BALTIMORE, BALTIMORE, MD</i>   |                                   | 23C. DATE SIGNED <i>1-23-51</i>  |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>  |                             | 24B. DATE <i>1-25-51</i>  |                                   | 24C. NAME OF CEMETERY OR CREMATORY <i>Arboretus Memorial Park</i>        |  |
| 24D. LOCATION (City, town, or county) <i>7md</i>   |                             | 24E. DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 24 1951</i>  |                                   | 24F. REGISTRAR'S SIGNATURE <i>Huntington Williams, Jr.</i>               |  |
| 25. FUNERAL DIRECTOR <i>Rayner Sanders</i>   |                             | 25A. ADDRESS <i>55 E Preston St</i>   |                                   |  |  |



# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

### 1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2617 Pennsylvania Ave St., Ward 13-03)Registered No. 13-03Length of residence in city or town where death occurred 1 yrs. 1 mos. 0 ds. How long in U. S. if of foreign birth? 1 yrs. 0 mos. 0 ds.FULL NAME Anna M. Meister(a) Residence: No. 2617 Pennsylvania Ave St., Ward 151X

(Usual place of abode)

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) W

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE ofEdward J. Meister6. DATE OF BIRTH (month, day, year) June 29, 1879

7. AGE Years 71 Months 6 Days 25 If LESS than 1 day, 0 hrs. 0 min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md  
(State or country)13. NAME - Adolph14. BIRTHPLACE (city or town) ?  
(State or country)15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) Unknown  
(State or country)17. FORMANT Regina Meister(Address) 2709 Liberty St. W. B. Ave18. BURIAL, CREMATION, OR REMOVAL BurialPlace Louder Park Date 1/25/51 1919. UNDERTAKER Wm. J. Lickner & Sons(Address) 1000 N. E. St.20. FILED JAN 24 1951 19 1951 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/23 195122. I HEREBY CERTIFY That I attended deceased from 1/23/51 to 1/23/51I last saw her alive on 1/23/51 at 6:45 P.M. Death is said to have occurred on the date stated above, at 6:45 P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma, Stomach  
InanitionDate of onset 9/50

Other contributory causes of importance:

Name of operation Gastrectomy Date of 1/23/51What test confirmed diagnosis Specimen Was there an autopsy No23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide ? Date of injury 19Where did injury occur? ? (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Wm. J. Lickner

M. D.

(Address) 1605 Eutaw Place

4613

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthful various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, name the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Give the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of occupation can be secured. Do not use the word "mechanic," but give exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be reported as a *salesman* and not a *clerk*.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complications of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

|                                |              |
|--------------------------------|--------------|
| Arteriosclerosis               | 1915         |
| Chronic interstitial nephritis | 1921         |
| Cerebral hemorrhage            | July 5, 1927 |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|------------|-------------|

## Example II

The principal cause of death and related causes of importance were as follows:

|                        |        |
|------------------------|--------|
| Attack of epilepsy     | 1 week |
| Run over by street car | 1 week |
| Peritonitis            | 3 days |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 week |
|-----------------|--------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

422  
1 0718

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0718

Registered No.

|   |                                  |   |  |  |   |
|---|----------------------------------|---|--|--|---|
| 1. NAME OF DECEASED<br>(Type or Print)<br><b>DELBERT E. BLAKESLEE</b>   |                                  |   | 2. DATE OF DEATH<br><b>Jan. 23, 1951</b>                   |  |   |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland   |                                  |   |  |  |   |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)<br><b>3322 Ellerslie Ave.</b>    |                                  |   |  |  |   |
| C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore</b>                      |                                  |   |  |  |   |
| D. STREET ADDRESS (If rural, give location)<br><b>3322 Ellerslie Ave.</b>   |                                  |   |  |  |   |
| E. LENGTH OF STAY IN BALTIMORE<br>Yrs. Mos. Days  |                                  |   |  |  |   |
| 5. SEX<br><b>male</b>   | 6. COLOR OR RACE<br><b>white</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>married</b> | 8. DATE OF BIRTH<br><b>Apr. 15, 1884</b>                   | 9. AGE (in years last birthday)<br><b>66</b> | 10. Under 1 Year Months Days<br>11. Under 24 Hours Hours Min. |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Draftsman</b>       |                                  |   | 10B. KIND OF BUSINESS OR INDUSTRY<br><b>Steel Products</b> |  |   |
| 11. BIRTHPLACE (State or foreign country)<br><b>Maryland</b>  |                                  |   | 12. CITIZEN OF WHAT COUNTRY?                               |  |   |
| 13. FATHER'S NAME<br><b>Elmon Blakeslee</b>   |                                  |   | 14. MOTHER'S MAIDEN NAME<br><b>Nellie Hand</b>             |  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)<br><b>no</b> |                                  |   | 16. SOCIAL SECURITY NO.<br><b>215-10-9216</b>              |  |   |
| 17. INFORMANT<br><b>Mrs. Lucille Blakeslee</b>  |                                  |   | ADDRESS<br><b>3322 Ellerslie Ave.</b>                      |  |   |

|  |  |  |  |
|--|--|--|--|
| 18. <b>450.1</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Gangrene, lower extremities</b> |  | CAUSE OF DEATH<br>(A) <b>Gangrene, lower extremities</b><br>DUE TO | INTERVAL BETWEEN ONSET AND DEATH<br><b>5 mos</b> |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><b>Arteriosclerosis, diffuse</b>   |  | (B) <b>Arteriosclerosis, diffuse</b><br>DUE TO                     | <b>?</b>   |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.<br><b>Emaciation</b>   |  | (C) <b>Emaciation</b>  | <b>1 mo.</b>                                     |

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 19A. DATE OF OPERATION<br><b>Oct. 6, 1950</b>   |  | 19B. MAJOR FINDINGS OF OPERATION<br><b>mid thigh amputation at lower for gangrene</b>                                |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH<br><input type="checkbox"/>   |  | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><input type="checkbox"/> |  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)            |  |
| 21D. TIME (Month) (Day) (Year) (Hour) INJURY<br><input type="checkbox"/>  |  | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>            |  | 21F. HOW DID INJURY OCCUR?  |  |
| 22. I hereby certify that I attended the deceased from <b>Dec</b> , 19 <b>50</b> , to <b>Jan</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>Jan. 22</b> , 19 <b>51</b> , and that death occurred at <b>5:15 A.M.</b> , from the causes and on the date stated above. |  |  |  |   |  |
| 23A. SIGNATURE<br><b>Fredrick J. Williams</b>   |  | 23B. ADDRESS<br><b>6100 York Road</b>  |  | 23C. DATE SIGNED<br><b>Jan 24 51</b>  |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |  | 24B. DATE<br><b>1/25/51</b>  |  | 24C. NAME OF CEMETERY OR CREMATORY<br><b>Loudon Park Cem.</b>                       |  |
| 24D. LOCATION (City, town, county)<br><b>Balto., Md.</b>  |  | 24E. FUNERAL DIRECTOR<br><b>Wm. J. Tichenor &amp; Sons - Balto</b>   |  | 24F. ADDRESS<br><b>Md</b>   |  |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>JAN 24 1951</b>  |  | REGISTRAR'S SIGNATURE<br><b>Frederick J. Williams, M.D.</b>  |  | 25. FUNERAL DIRECTOR<br><b>Wm. J. Tichenor &amp; Sons - Balto</b>                   |  |

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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

51 0719  
Registered No.

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| BIRTH NO.   |  | 1. NAME OF DECEASED<br>(Type or Print) <b>WALTER LEROY BRISCOE</b>   |  | 2. DATE OF DEATH <b>1-23-51</b>   |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland   |  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>MD.</b> B. COUNTY <b>BALTA.</b> |  |   |  |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR INSTITUTION<br><b>FRANKLIN SQUARE Hospital</b>  |  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore</b>                                     |  |   |  |
| D. STREET ADDRESS (If rural, give location)<br><b>3644 Elm Ave.</b>   |  | 13-06  |  |   |  |
| 5. SEX <b>M.</b>  |  | 6. COLOR OR RACE <b>W</b>  |  | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>MARRIED</b>                   |  |
| 8. DATE OF BIRTH <b>4-21-1887</b>   |  | 9. AGE (In years last birthday) <b>63</b>  |  | 10. UNDER 1 Year Months: Days: 11. UNDER 24 Hours Hours: Min.                       |  |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)<br><b>Sales Representative</b>  |  | 10B. KIND OF BUSINESS OR INDUSTRY<br><b>Mfg. Electric Supplies</b>   |  | 11. BIRTHPLACE (State or foreign country) <b>MARYLAND</b>                           |  |
| 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>  |  | 13. FATHER'S NAME<br><b>ANDREW BRISCOE</b>   |  | 14. MOTHER'S MAIDEN NAME<br><b>ANNIE BURNS</b>                                      |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b>   |  | 16. SOCIAL SECURITY NO. <b>161-05-0001</b>   |  | 17. INFORMANT<br><b>Mrs. Jessie B. Briscoe</b> Address <b>3644 Elm Avenue</b>       |  |
| 18. <b>581.0 I</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Massive Gastro-intestinal esophageal</b><br>DUE TO<br><b>Ruptured esophageal varix</b><br>DUE TO<br><b>Cirrhosis of liver</b><br>II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. |  | CAUSE OF DEATH<br><b>Hemorrhage</b>  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 days.</b><br><b>?</b><br><b>1 yr.</b>      |  |
| 19A. DATE OF OPERATION <b>0</b>   |  | 19B. MAJOR FINDINGS OF OPERATION   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)  |  | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   |  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)            |  |
| 21D. TIME (Month) (Day) (Year) (Hour) INJURY  |  | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                            |  | 21F. HOW DID INJURY OCCUR?  |  |
| 22. I hereby certify that I attended the deceased from <b>1-21</b> , 1951, to <b>1-23</b> , 1951, that I last saw the deceased alive on <b>1-23</b> , 1951, and that death occurred at <b>11 A. m.</b> , from the causes and on the date stated above.  |  |  |  |   |  |
| 23A. SIGNATURE<br><b>Geo Bohonic</b>  |  | 23B. ADDRESS<br>M. D. <b>Franklin Sq. Hosp</b>   |  | 23C. DATE SIGNED<br><b>1-23-51</b>  |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |  | 24B. DATE<br><b>Jan. 27-1951</b>   |  | 24C. NAME OF CEMETERY OR CREMATORY<br><b>St. Mary's (Hamden)</b>                    |  |
| 24D. LOCATION (City, town, or county) (State)<br><b>Baltimore, Md.</b>  |  | 25. FUNERAL DIRECTOR<br><b>Burgees Funeral Home</b>  |  | ADDRESS<br><b>3631 Falls Road</b>   |  |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>JAN 24 1951</b>  |  | REGISTRAR'S SIGNATURE<br><b>Walter G. Williams</b>   |  | 26. VS 150  |  |

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51 0720

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

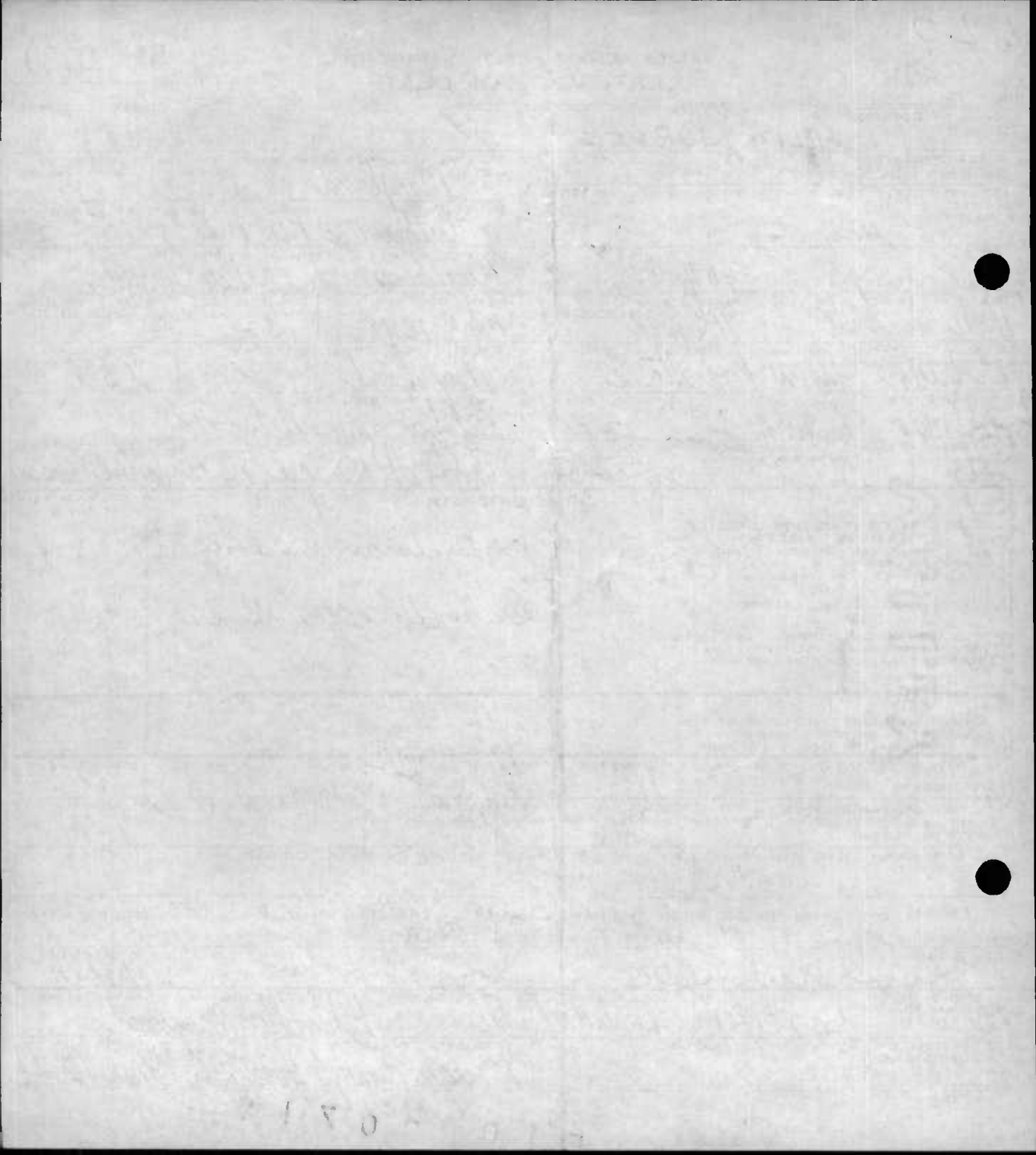
X Registered No. 51 0720

|  |                                  |   |  |  |  |
|--|----------------------------------|---|--|--|--|
| 1. NAME OF DECEASED<br>(Type or Print) <b>FERRING<br/>WELTIE, BURGEE</b>   |                                  |   | 2. DATE OF DEATH <b>Jan 23 51</b>  |  |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland  |                                  |   | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b> |  |  |
| B. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>Sinai Hospital</b>   |                                  |   | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Lutherville P.O. R.D. #1</b>                              |  |  |
| C. Length of stay in Baltimore <b>40 years</b>   |                                  |   | D. STREET ADDRESS (If rural, give location)<br><b>Broadway Road &amp; Kelley Avenue</b>  |  |  |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b> | 8. DATE OF BIRTH<br><b>Feb. 4-1898</b>   | 9. AGE (in years last birthday)<br><b>52</b> | If Under 1 Year Months: Days Hours: Min. |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)<br><b>Proprietor Fruit Food Stores</b> |                                  |   | 10B. KIND OF BUSINESS OR INDUSTRY<br><b>(C)</b>  |  |  |
| 11. BIRTHPLACE (State or foreign country)<br><b>Maryland</b>   |                                  |   | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>  |  |  |
| 13. FATHER'S NAME<br><b>Thomas Burgee</b>  |                                  |   | 14. MOTHER'S MAIDEN NAME<br><b>Eliza Jane Nelson</b>   |  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)<br><b>No</b>            |                                  |   | 16. SOCIAL SECURITY NO.<br><b>2-12-03-1374</b>   |  |  |
| 17. INFORMANT<br><b>Thomas P. Burgee</b>   |                                  |   | ADDRESS<br><b>1 E. Penna Ave. Towson</b>   |  |  |

|  |  |                                  |
|--|--|----------------------------------|
| 18. <b>581.0 I</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Nepatic insufficiency</b><br>DUE TO<br><b>Cirrhosis of the liver</b><br>ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><b>(A) ...</b><br><b>(B) ...</b><br><b>(C) ...</b><br>II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. |  | INTERVAL BETWEEN ONSET AND DEATH |
|--|--|----------------------------------|

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| 19A. DATE OF OPERATION <b>2</b>  |  | 19B. MAJOR FINDINGS OF OPERATION  |  | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |  |
| 21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH  |  | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                  |  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)            |  |
| 21D. TIME (Month) (Day) (Year) (Hour) INJURY   |  | 21E. INJURY OCCURRED<br>WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK |  | 21F. HOW DID INJURY OCCUR?  |  |
| 22. I hereby certify that I attended the deceased from <b>Jan 15</b> , 19 <b>51</b> , to <b>Jan 23</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>Jan 23</b> , 19 <b>51</b> , and that death occurred at <b>8:45 A.m.</b> , from the causes and on the date stated above. |  |   |  |   |  |
| 23A. SIGNATURE<br><b>Frank W. Winter</b>   |  | 23B. ADDRESS<br><b>Sinai Hospital</b>   |  | 23C. DATE SIGNED<br><b>1/23/51</b>  |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |  | 24B. DATE<br><b>Jan. 25-1951</b>  |  | 24C. NAME OF CEMETERY OR CREMATORY<br><b>Druid Ridge</b>                            |  |
| 24D. LOCATION (City, town, or county) (State)<br><b>Lutherville, Maryland</b>  |  | 24E. FUNERAL DIRECTOR<br><b>Burgess Funeral Home</b>  |  |   |  |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>JAN 24 1951</b>   |  | REGISTRAR'S SIGNATURE<br><b>Washington Williams</b>   |  | ADDRESS<br><b>3631 Falls Road</b>   |  |

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124B



425  
51 0721

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0721  
Registered No.

|   |                                  |  |  |
|---|----------------------------------|--|--|
| 1. NAME OF DECEASED<br>(Type or Print) <b>Margie M. Wilson</b>  |                                  | 2. DATE OF DEATH<br><b>January 23, 1951</b>  |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland   |                                  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>Maryland</b><br>B. COUNTY |  |
| B. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>313 East 25th Street</b>  |                                  | C. CITY OR TOWN (If outside corporate limits, give rural and give township)<br><b>Baltimore</b>                                |  |
| C. Length of stay in Baltimore  |                                  | D. STREET ADDRESS (If rural, give location)<br><b>313 East 25th Street</b>   |  |
| 5. SEX<br><b>female</b>   | 6. COLOR OR RACE<br><b>white</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>married</b>  | 8. DATE OF BIRTH<br><b>April 25, 1899</b>    |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>housewife</b> |                                  | 10B. KIND OF BUSINESS OR INDUSTRY<br><b>own home</b>   | 9. AGE (In years last birthday)<br><b>51</b> |
| 13. FATHER'S NAME<br><b>Jacob Martin</b>  |                                  | 11. BIRTHPLACE (State or foreign country)<br><b>West Virginia</b>  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)   |                                  | 12. CITIZEN OF WHAT COUNTRY?   |  |
| 16. SOCIAL SECURITY NO.   |                                  | 17. INFORMANT<br><b>Todd Wilson, 313 East 25th Street</b>  |  |

|  |   |  |                                  |
|--|---|--|----------------------------------|
| 18. <b>331X</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><br>ANTECEDENT CAUSES<br><br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><br>II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | CAUSE OF DEATH  |  | INTERVAL BETWEEN ONSET AND DEATH |
|  | (A) <b>Cerebral hemorrhage - right side</b><br>DUE TO |  | <b>3 days</b>                    |
|  | (B) <b>Hypertension</b><br>DUE TO                     |  | <b>35 yrs</b>                    |
|  | (C) <b>Acute Nephritis</b><br>DUE TO                  |  | <b>35 yrs</b>                    |

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| 19A. DATE OF OPERATION <b>0</b>  |  | 19B. MAJOR FINDINGS OF OPERATION  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |  |
| 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)   |  | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                  |  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) |  |
| 21D. TIME (Month) (Day) (Year) (Hour) INJURY   |  | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21F. HOW DID INJURY OCCUR?   |  |
| 22. I hereby certify that I attended the deceased from <b>Jan 1951</b> to <b>23 Jan 1951</b> , that I last saw the deceased alive on <b>23 Jan 1951</b> , and that death occurred at <b>11:20 p.m.</b> from the causes and on the date stated above. |  |   |  |  |  |
| 23A. SIGNATURE<br><b>Samuel Schenfeld</b><br>M. D.   |  | 23B. ADDRESS<br><b>714 E. Preston St</b>  |  | 23C. DATE SIGNED<br><b>24 Jan 1951</b>                                   |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>removal</b>  |  | 24B. DATE<br><b>1/25/51</b>   |  | 24C. NAME OF CEMETERY OR CREMATORY<br><b>Staters Chapel Cemetery</b>     |  |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>JAN 24 1951</b>   |  | REGISTRAR'S SIGNATURE<br><b>William H. Williams, M.D.</b>   |  | 25. FUNERAL DIRECTOR<br><b>Wm. Cook, Inc.</b>                            |  |
|  |  |   |  | ADDRESS<br><b>1217 St. Paul Street</b>                                   |  |

STATE OF NEW YORK  
CERTIFICATE OF DEATH

|                       |  |                      |  |                        |  |                        |  |                     |  |                      |  |
|-----------------------|--|----------------------|--|------------------------|--|------------------------|--|---------------------|--|----------------------|--|
| NAME OF DECEASED      |  | AGE                  |  | SEX                    |  | RACE                   |  | DATE OF DEATH       |  | PLACE OF DEATH       |  |
|                       |  |                      |  |                        |  |                        |  |                     |  |                      |  |
| CAUSE OF DEATH        |  | MANNER OF DEATH      |  | OCCUPATION             |  | EDUCATION              |  | RELIGION            |  | MARITAL STATUS       |  |
|                       |  |                      |  |                        |  |                        |  |                     |  |                      |  |
| SIGNATURE OF DECEASED |  | SIGNATURE OF WITNESS |  | SIGNATURE OF PHYSICIAN |  | SIGNATURE OF CLERGYMAN |  | SIGNATURE OF JUDGE  |  | SIGNATURE OF SHERIFF |  |
|                       |  |                      |  |                        |  |                        |  |                     |  |                      |  |
| DATE OF BIRTH         |  | DATE OF DEATH        |  | DATE OF BURIAL         |  | DATE OF INTERMENT      |  | DATE OF CREMATION   |  | DATE OF EXHUMATION   |  |
|                       |  |                      |  |                        |  |                        |  |                     |  |                      |  |
| PLACE OF BIRTH        |  | PLACE OF DEATH       |  | PLACE OF BURIAL        |  | PLACE OF INTERMENT     |  | PLACE OF CREMATION  |  | PLACE OF EXHUMATION  |  |
|                       |  |                      |  |                        |  |                        |  |                     |  |                      |  |
| CITY OF DEATH         |  | COUNTY OF DEATH      |  | STATE OF DEATH         |  | CITY OF BURIAL         |  | COUNTY OF BURIAL    |  | STATE OF BURIAL      |  |
|                       |  |                      |  |                        |  |                        |  |                     |  |                      |  |
| CITY OF INTERMENT     |  | COUNTY OF INTERMENT  |  | STATE OF INTERMENT     |  | CITY OF CREMATION      |  | COUNTY OF CREMATION |  | STATE OF CREMATION   |  |
|                       |  |                      |  |                        |  |                        |  |                     |  |                      |  |
| CITY OF EXHUMATION    |  | COUNTY OF EXHUMATION |  | STATE OF EXHUMATION    |  | CITY OF INTERMENT      |  | COUNTY OF INTERMENT |  | STATE OF INTERMENT   |  |
|                       |  |                      |  |                        |  |                        |  |                     |  |                      |  |



462

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0722

Registered No.

|  |                              |   |  |
|--|------------------------------|---|--|
| 1. NAME OF DECEASED<br>(Type or Print) <b>LEONARD CLARKSON</b>   |                              | 2. DATE OF DEATH<br><b>January 23, 1951</b>   |  |
| 3. PLACE OF DEATH:<br>A. <b>Baltimore City, Maryland</b>   |                              | 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)<br>A. STATE <b>Maryland</b> B. COUNTY |  |
| B. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>US Marine Hospital<br/>Wyman Pk. Drive &amp; 31st St.</b>      |                              | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore</b>                            |  |
| C. Length of stay in Baltimore<br><b>?</b>   |                              | D. STREET ADDRESS (If rural, give location)<br><b>124 Cheapside</b>   |  |
| 5. SEX<br><b>M</b>   | 6. COLOR OR RACE<br><b>W</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Single</b>  | 8. DATE OF BIRTH<br><b>10/22/86</b>          |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Seaman</b> |                              | 10B. KIND OF BUSINESS OR INDUSTRY<br><b>Seafarer</b>  | 9. AGE (In years last birthday)<br><b>64</b> |
| 11. BIRTHPLACE (State or foreign country)<br><b>England</b>  |                              | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>  |  |
| 13. FATHER'S NAME<br><b>George Clarkson</b>  |                              | 14. MOTHER'S MAIDEN NAME<br><b>Harriet A. Hamer</b>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)<br><b>?</b>                                 |                              | 16. SOCIAL SECURITY NO.<br><b>213-14-4662</b>   |  |
| 17. INFORMANT<br><b>Records- US Marine Hospital, Balto, Md.</b>  |                              | ADDRESS   |  |

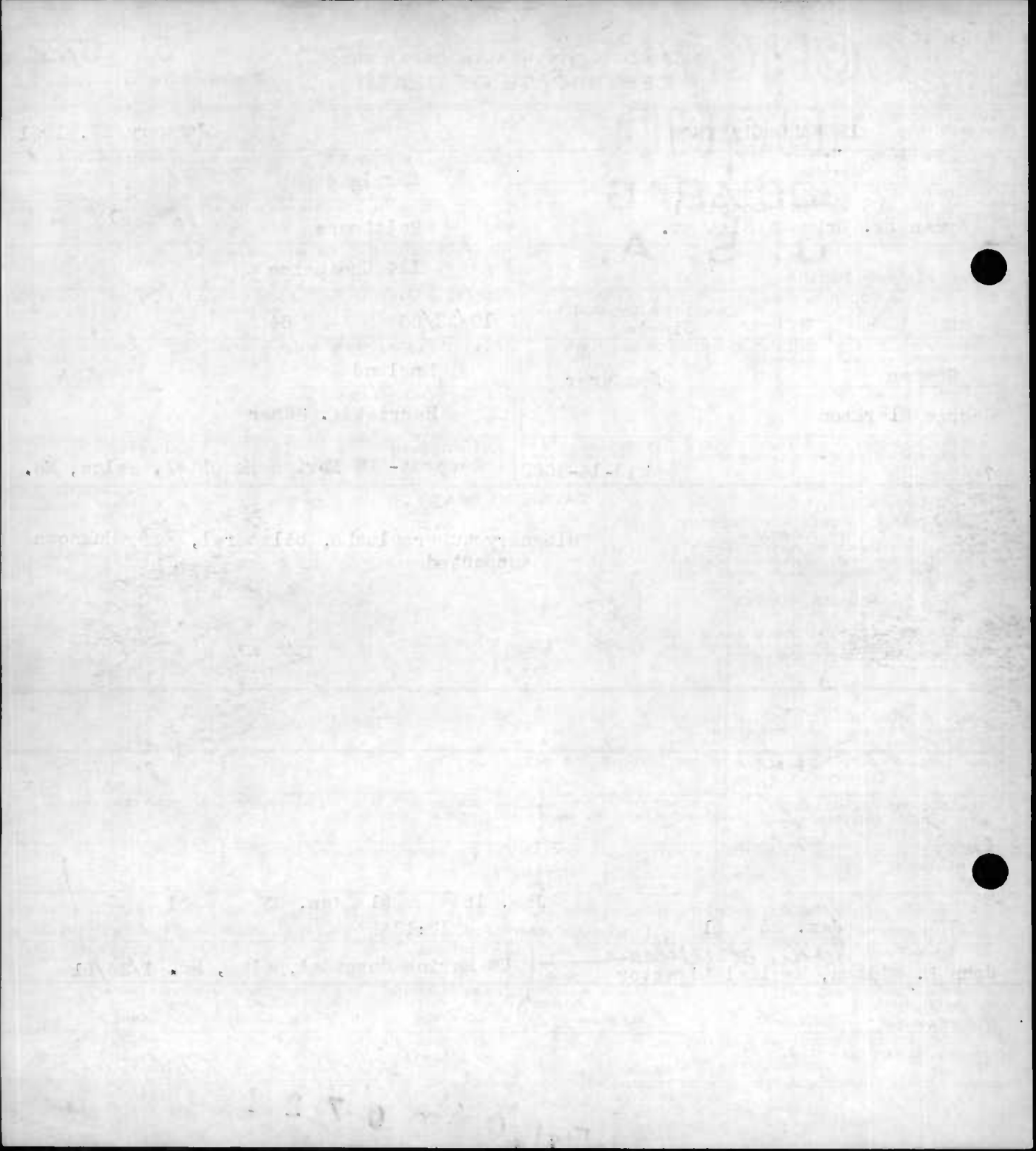
|   |  |  |
|---|--|--|
| 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Pulmonary tuberculosis, bilateral, suspected</b> |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>Unknown</b> |
| 19. ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><b>?</b>  |  |  |
| 20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.<br><b>?</b>   |  |  |

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 19A. DATE OF OPERATION<br><b>Jan. 18, 1951</b>  |  | 19B. MAJOR FINDINGS OF OPERATION  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH<br><input type="checkbox"/>   |  | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                  |  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)            |  |
| 21D. TIME (Month) (Day) (Year) (Hour) INJURY<br><b>Jan. 23, 1951, 12:10 AM</b>  |  | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21F. HOW DID INJURY OCCUR?  |  |
| 22. I hereby certify that I attended the deceased from <b>Jan. 18, 1951</b> to <b>Jan. 23, 1951</b> , that I last saw the deceased alive on <b>Jan. 23, 1951</b> and that death occurred at <b>12:10 AM</b> from the causes and on the date stated above. |  |   |  |   |  |
| 23A. SIGNATURE<br><b>John L. Wilson, Medical Director</b>   |  | 23B. ADDRESS<br><b>US Marine Hospital, Balto, Md.</b>   |  | 23C. DATE SIGNED<br><b>1/24/51</b>  |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>   |  | 24B. DATE<br><b>Jan 24 51</b>   |  | 24C. NAME OF CEMETERY OR CREMATORY<br><b>Reading Mass.</b>                          |  |
| 24D. LOCATION (City, town, or county) (State)<br><b>Reading Mass.</b>   |  | 24E. DATE RECEIVED BY LOCAL REGISTRAR<br><b>JAN 24 1951</b>   |  | 24F. REGISTRAR'S SIGNATURE<br><b>William Williams</b>                               |  |
| 24G. FUNERAL DIRECTOR<br><b>Wm. C. Boone</b>  |  | 24H. ADDRESS<br><b>Balto, Md.</b>   |  |   |  |

673 5P0000721 13B

MEDICAL CERTIFICATION





325  
1 0723

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0723  
Registered No.

|   |                             |  |                                   |  |   |
|---|-----------------------------|--|-----------------------------------|--|---|
| 1. NAME OF DECEASED<br>(Type or Print)  |                             | HERBERT HUDSON   |                                   | 2. DATE OF DEATH<br>January 23, 1951                         |   |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland   |                             | 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)<br>A. STATE Maryland B. COUNTY |                                   |  |   |
| B. FULL NAME OF HOSPITAL OR INSTITUTION<br>Johns Hopkins Hospital   |                             | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br>Baltimore 10-02                      |                                   |  |   |
| C. Length of stay in Baltimore  |                             | D. STREET ADDRESS (If rural, give location)<br>736 N. Gay Street   |                                   |  |   |
| 5. SEX<br>Male  | 6. COLOR OR RACE<br>Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br>Married   | 8. DATE OF BIRTH<br>Feb. 11, 1907 | 9. AGE (In years last birthday)<br>43                        | If Under 1 Year Months: Days: If Under 24 Hours Hours: Min. |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Tractor Operator |                             | 10B. KIND OF BUSINESS OR INDUSTRY<br>Holibird  |                                   | 11. BIRTHPLACE (State or foreign country)<br>Blackstone, Va. |   |
| 12. CITIZEN OF WHAT COUNTRY?  |                             | 13. FATHER'S NAME<br>Jim Hudson  |                                   |  |   |
| 14. MOTHER'S MAIDEN NAME<br>Emma Hudson   |                             | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)<br>No   |                                   |  |   |
| 16. SOCIAL SECURITY NO.   |                             | 17. INFORMANT ADDRESS<br>Louise Hudson   |                                   |  |   |

|   |  |                                  |
|---|--|----------------------------------|
| 18. 443X<br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br>Hypertensive cardiovascular disease<br>(A) DUE TO |  | INTERVAL BETWEEN ONSET AND DEATH |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br>(B) DUE TO  |  |                                  |
| (C) DUE TO  |  |                                  |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   |  |                                  |

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| 19A. DATE OF OPERATION   |  | 19B. MAJOR FINDINGS OF OPERATION   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH. |  | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)               |  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)            |  |
| 21D. TIME (Month) (Day) (Year) (Hour) INJURY   |  | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21F. HOW DID INJURY OCCUR?  |  |

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| 23A. SIGNATURE<br>William W. Smith                                |  | 23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/> |  | 23C. DATE SIGNED<br>Jan. 23, 1951                      |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial               |  | 24B. DATE<br>1/26/51  |  | 24C. NAME OF CEMETERY OR CREMATORY<br>Mt. Calvary Cem. |  |
| 24D. LOCATION (City, town, or county) (State)<br>A. A. County Md. |  | 25. FUNERAL DIRECTOR ADDRESS<br>Mr. R. A. Elliott, 1129 N. Caroline St. 937   |  |  |  |
| DATE RECEIVED BY LOCAL REGISTRAR<br>JAN 24 1951                   |  | REGISTRAR'S SIGNATURE<br>[Signature]  |  |  |  |



635  
51 0724  
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 0724

|  |                             |  |   |                                       |   |
|--|-----------------------------|--|---|---------------------------------------|---|
| 1. NAME OF DECEASED<br>(Type or Print) VIOLA JORDAN  |                             |  | 2. DATE OF DEATH January 22, 1951   |                                       |   |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland  |                             |  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE Maryland<br>B. COUNTY |                                       |   |
| B. FULL NAME OF HOSPITAL OR INSTITUTION<br>South Baltimore General                                       |                             |  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br>Baltimore 25-30                         |                                       |   |
| C. Length of stay in Baltimore<br>Yrs. Mos. Days   |                             |  | D. STREET ADDRESS (If rural, give location)<br>211 Cherry Hill Rd.  |                                       |   |
| 5. SEX<br>Female   | 6. COLOR OR RACE<br>Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br>married | 8. DATE OF BIRTH<br>April 26, 1919  | 9. AGE (In years last birthday)<br>31 | 10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min. |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Housewife |                             |  | 10B. KIND OF BUSINESS OR INDUSTRY   |                                       | 11. BIRTHPLACE (State or foreign country)<br>Persimmon S.C.   |
| 12. CITIZEN OF WHAT COUNTRY?   |                             |  | 13. FATHER'S NAME<br>Richard Harris   |                                       |   |
| 14. MOTHER'S MAIDEN NAME<br>Ellen  |                             |  | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)                |                                       |   |
| 16. SOCIAL SECURITY NO.  |                             |  | 17. INFORMANT<br>Jacob Jordan - enclosed file   |                                       |   |
| ADDRESS  |                             |  |   |                                       |   |

|  |                |                                  |
|--|----------------|----------------------------------|
| 18. E983X,<br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br>Multiple contusions and abrasions<br>DUE TO<br>Intracerebral hemorrhage<br>DUE TO | CAUSE OF DEATH | INTERVAL BETWEEN ONSET AND DEATH |
| 19. ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  |                |                                  |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 19A. DATE OF OPERATION   |  | 19B. MAJOR FINDINGS OF OPERATION   |  | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>  |  |
| 21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.  |  | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)<br>Road                    |  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)<br>Baltimore Co.<br>Park Heights, 1 1/2 mi. north of Valley Rd. |  |
| 21D. TIME (Month) (Day) (Year) (Hour)<br>Jan. 20, 1951 abt. 11 P.m.  |  | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> HOT WHILE AT WORK <input checked="" type="checkbox"/> |  | 21F. HOW DID INJURY OCCUR?<br>Blunt force  |  |
| 22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input checked="" type="checkbox"/> , undetermined <input type="checkbox"/> . |  |  |  |  |  |
| 23A. SIGNATURE<br>Stanley S. Decker  |  | 23B. CHIEF MEDICAL EXAMINER<br>M.D.<br>MEDICAL INVESTIGATOR  |  | 23C. DATE SIGNED<br>Jan. 22, 1951  |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial  |  | 24B. DATE<br>Jan 25, 1951  |  | 24C. NAME OF CEMETERY OR CREMATORY<br>Rockhill S.C.  |  |
| 24D. LOCATION (City, town, or county) (State)<br>Rockhill S.C.   |  | 25. FUNERAL DIRECTOR<br>Mrs. T. H. G. Elliott & Son  |  | ADDRESS  |  |
| DATE RECEIVED BY LOCAL REGISTRAR<br>JAN 24 1951  |  | REGISTRAR'S SIGNATURE<br>William Williams  |  |  |  |

777  
CERTIFICATE OF DEATH

*[Faint, illegible handwritten text, likely bleed-through from the reverse side of the page.]*

|                                       |                                       |                                       |
|---------------------------------------|---------------------------------------|---------------------------------------|
| <p><i>[Faint, illegible text]</i></p> | <p><i>[Faint, illegible text]</i></p> | <p><i>[Faint, illegible text]</i></p> |
| <p><i>[Faint, illegible text]</i></p> | <p><i>[Faint, illegible text]</i></p> | <p><i>[Faint, illegible text]</i></p> |
| <p><i>[Faint, illegible text]</i></p> | <p><i>[Faint, illegible text]</i></p> | <p><i>[Faint, illegible text]</i></p> |
| <p><i>[Faint, illegible text]</i></p> | <p><i>[Faint, illegible text]</i></p> | <p><i>[Faint, illegible text]</i></p> |

31

0725

St. John

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

51 0725

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

John Robert St. John

2. DATE  
OF  
DEATH

JAN 24, 1951

3. PLACE OF DEATH:

a. Baltimore City, Maryland

HAL 3 Aug

b. FULL NAME OF

HOSPITAL OR

INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

a. STATE

b. COUNTY

before admission)

FLA.

V-08

c. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Eustis

d. STREET ADDRESS (If rural, give location)

Box 892

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

MALE

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

11-29-49

9. AGE (in years

last birthday)

If Under 1 Year

Months: Days

If Under 24 Hours

Hours Min.

12. CITIZEN OF

WHAT COUNTRY?

10a. USUAL OCCUPATION (Give kind of

work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR

INDUSTRY

13. DECEASED'S NAME

R. S. St. John

11. BIRTHPLACE (State or foreign country)

Florida

14. MOTHER'S MAIDEN NAME

Lucy Shepherd

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL

SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 754.4

## CAUSE OF DEATH

INTERVAL BETWEEN

ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY

LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Congenital heart disease, tricuspid atresia and pulmonary stenosis.

Congenital

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

1-23-51

19b. MAJOR FINDINGS OF OPERATION

Pulmonary stenosis.

20. AUTOPSY?

YES ☒ NO ☐21a. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)

INJURY

21e. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-21-1951, to 1-24-1951, that I last saw the deceased alive on 1-24-1951, and that death occurred at 5:23 a.m., from the causes and on the date stated above.

23a. SIGNATURE

A. S. Monahan

M. D.

23b. ADDRESS

JOHNS HOPKINS HOSPITAL

23c. DATE SIGNED

1-24-51

24a. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State)

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

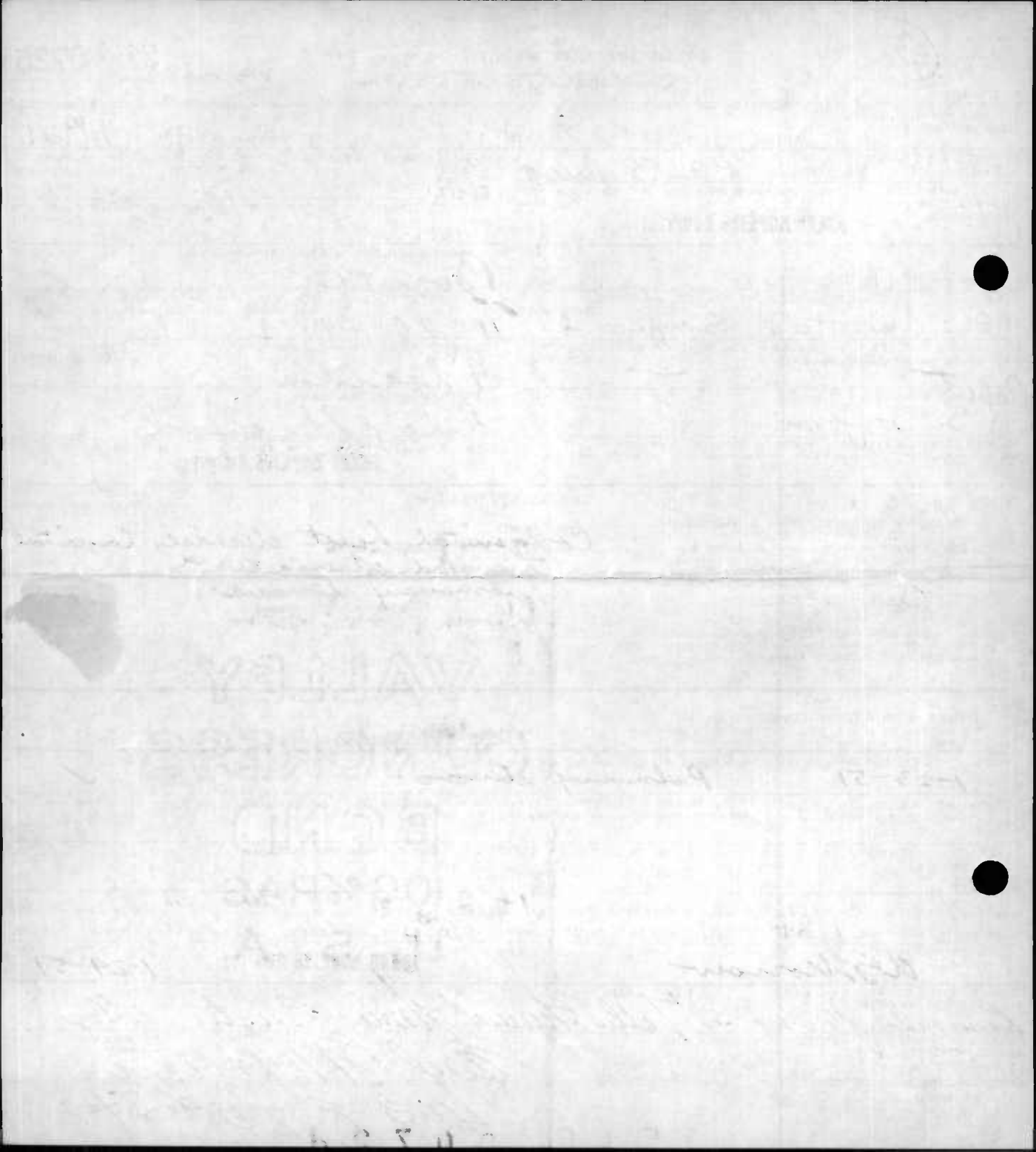
25. FUNERAL DIRECTOR

ADDRESS

JAN 24 1951

W. H. Williams, M.D.

403 E. 25th St. 157E





636  
51 0726

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0726  
Registered No.

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| BIRTH NO.   |  | 1. NAME OF DECEASED<br>(Type or Print) <b>FREDERICK W. SCHROEDER</b>  |  | 2. DATE OF DEATH<br><b>January 23-51</b>  |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland <b>2315 E. Oliver St</b>  |  | 4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)<br>A. STATE <b>MD.</b><br>B. COUNTY <b>8-04</b> |  | 5. SEX <b>Male</b>  |  |
| 6. FULL NAME OF HOSPITAL OR INSTITUTION <b>00</b>   |  | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>  |  | 8. DATE OF BIRTH <b>January 21-1877</b>   |  |
| 9. LENGTH OF stay in Baltimore  |  | 10. Yrs. Mos. Days <b>00</b>  |  | 9. AGE (in years last birthday) <b>74</b>   |  |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Summer</b>   |  | 10B. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>  |  | 11. BIRTHPLACE (State or foreign country) <b>Baltimore Md.</b>                        |  |
| 13. FATHER'S NAME <b>Ernest A Schroeder</b>   |  | 14. MOTHER'S MAIDEN NAME <b>Matilda S. Ehling</b>   |  | 12. CITIZEN OF WHAT COUNTRY?  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknowns) <b>0</b>   |  | 16. SOCIAL SECURITY NO. <b>217-03-8115</b>  |  | 17. INFORMANT ADDRESS <b>Mary A Schroeder - 2315 E Oliver St</b>                      |  |
| 18. I <b>592X</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Bruis pneumonia</b><br>DUE TO<br><b>Chronic Glomerulo Nephritis</b><br>DUE TO<br><b>Hepatic insufficiency</b> |  | CAUSE OF DEATH  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>5 days</b><br><b>unknown</b><br><b>30 days</b> |  |
| 19A. DATE OF OPERATION <b>0</b>   |  | 19B. MAJOR FINDINGS OF OPERATION  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>              |  |
| 21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH   |  | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)              |  |
| 21D. TIME (Month) (Day) (Year) (Hour) INJURY  |  | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                             |  | 21F. HOW DID INJURY OCCUR?  |  |
| 22. I hereby certify that I attended the deceased from <b>10 Dec 1950</b> , to <b>23 Jan 1951</b> , that I last saw the deceased alive on <b>23 Jan 1951</b> , and that death occurred at <b>514</b> m., from the causes and on the date stated above.  |  |   |  |   |  |
| 23A. SIGNATURE <b>Howard Goodman</b>  |  | 23B. ADDRESS <b>1513 N. Milken Ave</b>  |  | 23C. DATE SIGNED <b>24 Jan 51</b>   |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Buried</b>   |  | 24B. DATE <b>1-26-51</b>  |  | 24C. NAME OF CEMETERY OR CREMATORY <b>Baltimore Cem</b>                               |  |
| 24D. LOCATION (City, town, or county) (State) <b>North Ave - Balto. Md.</b>   |  | 25. FUNERAL DIRECTOR ADDRESS <b>John P. Melly Inc - 2435 E Oliver St</b>  |  | DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 24 1951</b>                                   |  |
| REGISTRAR'S SIGNATURE <b>William H. Williams</b>  |  |   |  |   |  |

MEDICAL CERTIFICATION

51 0726 131B

2000

Quarantine Station

6/10/1918  
2

1/10/1918

10/10/1918  
2000

12/10/1918

300

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0727

Registered No.

BIRTH NO.

|   |                                  |  |  |
|---|----------------------------------|--|--|
| 1. NAME OF DECEASED<br>(Type or Print) <b>MARIA-A.E. (MAMIE) GOOD</b>   |                                  | 2. DATE OF DEATH <b>JAN. 22, 1951</b>  |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland   |                                  | 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)<br>A. STATE <b>MD</b> B. COUNTY <b>Baltimore</b> |  |
| B. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>43 So. Balto. Gen. Hospital</b>                                   |                                  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore</b>                                       |  |
| C. Length of stay in Baltimore  |                                  | D. STREET ADDRESS (If rural, give location)<br><b>2521 Liberty</b>   |  |
| 5. SEX<br><b>Female</b>   | 6. COLOR OR RACE<br><b>White</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>married</b>  | 8. DATE OF BIRTH<br><b>Jan-12-1883</b> |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b> |                                  | 10B. KIND OF BUSINESS OR INDUSTRY  |  |
| 13. FATHER'S NAME<br><b>George Kappler</b>  |                                  | 14. MOTHER'S MAIDEN NAME<br><b>Katherine Yeager</b>  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)        |                                  | 16. SOCIAL SECURITY NO.  |  |
| 17. INFORMANT<br><b>Mary M. Williams</b>  |                                  | ADDRESS<br><b>2521 Liberty</b>   |  |

|  |  |   |                                  |
|--|--|---|----------------------------------|
| 18. <b>420.0</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) |  | CAUSE OF DEATH                            | INTERVAL BETWEEN ONSET AND DEATH |
| (A) <b>Terminal</b>  |  | <b>Thrombi</b>                            | <b>9 days</b>                    |
| DUE TO   |  | (B) <b>Congestive Heart Failure</b>       | <b>9 days</b>                    |
| DUE TO   |  | (C) <b>Arteriosclerotic Heart Disease</b> | <b>2 years</b>                   |
| ANTECEDENT CAUSES  |  |   |                                  |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  |  |   |                                  |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  |  |   |                                  |

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| 19A. DATE OF OPERATION <b>0</b>  |  | 19B. MAJOR FINDINGS OF OPERATION  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>  |  | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                  |  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)            |  |
| 21D. TIME (Month) (Day) (Year) (Hour) INJURY   |  | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21F. HOW DID INJURY OCCUR?  |  |
| 22. I hereby certify that I attended the deceased from <b>Jan-18, 1951</b> to <b>Jan-22, 1951</b> /that I last saw the deceased alive on <b>Jan-22, 1951</b> and that death occurred at <b>3:40 p.m.</b> , from the causes and on the date stated above. |  |   |  |   |  |
| 23A. SIGNATURE<br><b>Martin C. McLaughlin</b>  |  | 23B. ADDRESS<br><b>So. Balto. Gen. Hosp.</b>  |  | 23C. DATE SIGNED<br><b>1-22-51</b>  |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |  | 24B. DATE<br><b>1-25-51</b>   |  | 24C. NAME OF CEMETERY OR CREMATORY<br><b>Waplewood</b>                              |  |
| 24D. LOCATION (City, town, or county) (State)<br><b>Baltimore - Balto Md</b>   |  | 24E. NAME OF CEMETERY OR CREMATORY<br><b>Waplewood</b>  |  | 24F. LOCATION (City, town, or county) (State)<br><b>Baltimore - Balto Md</b>        |  |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>JAN 24 1951</b>   |  | REGISTRAR'S SIGNATURE<br><b>John C. Miller</b>  |  | 25. FUNERAL DIRECTOR<br><b>John C. Miller</b>                                       |  |
| ADDRESS<br><b>2435 E. Oliver St</b>  |  | ADDRESS<br><b>2435 E. Oliver St</b>   |  | ADDRESS<br><b>2435 E. Oliver St</b>   |  |

BOLD

AVIA

650  
0728

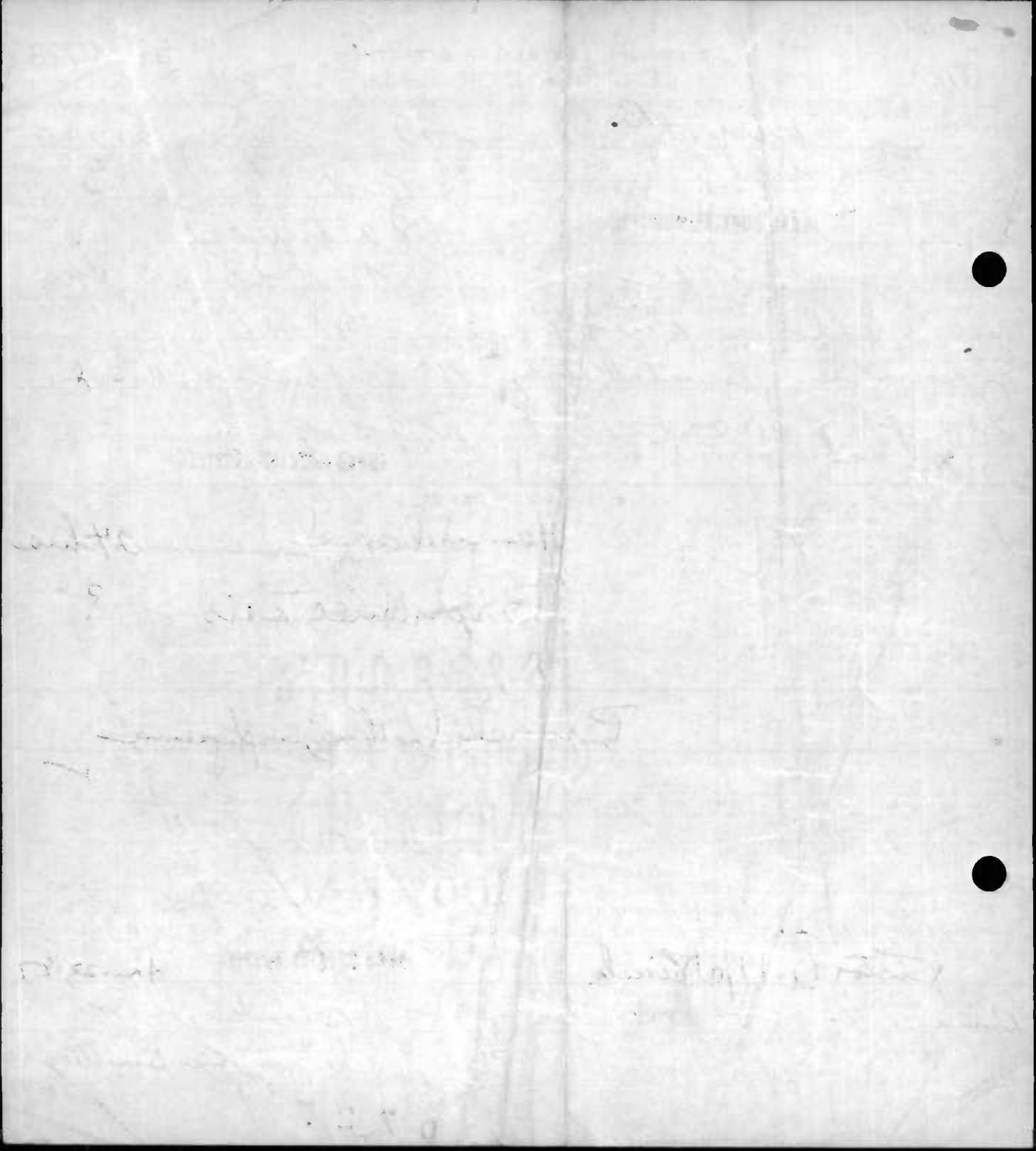
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51. 0728  
Registered No.

|  |                                    |   |  |
|--|------------------------------------|---|--|
| 1. NAME OF DECEASED<br>(Type or Print) <i>Myrtle B. Brown</i>  |                                    | 2. DATE OF DEATH<br><i>Jan. 21, 1951</i>  |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland <i>Ind. Est. 4</i>   |                                    | 4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)<br>A. STATE <i>md</i> B. COUNTY <i>6-05</i> |  |
| 5. FULL NAME OF HOSPITAL OR INSTITUTION<br><i>JOHNS HOPKINS HOSPITAL</i>                                       |                                    | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><i>Baltimore</i>                                  |  |
| 6. LENGTH OF STAY IN BALTIMORE<br><i>Life</i>  |                                    | D. STREET ADDRESS (If rural, give location)<br><i>14 N. Dallas St</i>   |  |
| 7. SEX<br><i>Female</i>  | 8. COLOR OR RACE<br><i>Colored</i> | 9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><i>Single</i>  | 10. DATE OF BIRTH<br><i>3 - - 1909</i> |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><i>Domestic</i> |                                    | 10B. KIND OF BUSINESS OR INDUSTRY<br><i>Private family</i>  |  |
| 11. BIRTHPLACE (State or foreign country)<br><i>Maryland</i>   |                                    | 12. CITIZEN OF WHAT COUNTRY?<br><i>U.S.A.</i>   |  |
| 13. FATHER'S NAME<br><i>Joseph Brown</i>   |                                    | 14. MOTHER'S MAIDEN NAME<br><i>Mary</i>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)<br><i>No</i>                                  |                                    | 16. SOCIAL SECURITY NO.<br><i>JOHNS HOPKINS HOSPITAL</i>  |  |
| 17. INFORMANT<br><i>JOHNS HOPKINS HOSPITAL</i>   |                                    | ADDRESS   |  |

|  |  |   |
|--|--|---|
| 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><i>526 X 1</i> | CAUSE OF DEATH<br>(A) <i>Hemorrhage</i><br>DUE TO<br>(B) <i>Bronchiectasis</i><br>DUE TO<br>(C) <i>Bronchial asthma; emphysema</i> | INTERVAL BETWEEN ONSET AND DEATH<br><i>24 hrs</i><br><i>?</i> |
| 19. ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.   |  |   |
| 20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  |  |   |

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 19A. DATE OF OPERATION<br><i>21</i>   |  | 19B. MAJOR FINDINGS OF OPERATION  |  | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |  |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH<br><input type="checkbox"/>   |  | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                  |  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)            |  |
| 21D. TIME (Month) (Day) (Year) (Hour)<br>INJURY   |  | 21E. INJURY OCCURRED<br>WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK |  | 21F. HOW DID INJURY OCCUR?  |  |
| 22. I hereby certify that I attended the deceased from <i>1-21-</i> , 19 <i>51</i> , to <i>1-21-</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>1-21-</i> , 19 <i>51</i> , and that death occurred at <i>3:00 P.</i> m., from the causes and on the date stated above. |  |   |  |   |  |
| 23A. SIGNATURE<br><i>Victor G. McQuinn</i> M.D.   |  | 23B. ADDRESS<br><i>JOHNS HOPKINS HOSPITAL</i>   |  | 23C. DATE SIGNED<br><i>Jan. 23, 1951</i>  |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><i>Burial</i>  |  | 24B. DATE<br><i>1-25-51</i>   |  | 24C. NAME OF CEMETERY OR CREMATORY<br><i>mt Calvary Cem.</i>                        |  |
| 24D. LOCATION (City, town, or county)<br><i>Brooklyn md</i>   |  | 24E. DATE RECEIVED BY LOCAL REGISTRAR<br><i>JAN 24 1951</i>   |  | 24F. REGISTRAR'S SIGNATURE<br><i>William H. Williams</i>                            |  |
| 24G. FUNERAL DIRECTOR<br><i>Elroy O. Wilson</i>   |  | 24H. ADDRESS<br><i>1100 Brantley</i>  |  | 24I. DATE RECEIVED BY LOCAL REGISTRAR<br><i>JAN 24 1951</i>                         |  |





**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

51-0729  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

*A. Dicie Toomey*

2. DATE  
OF  
DEATH

*JAN. 22, 1951*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

*415 E. Belvedere Ave*

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)  
A. STATE

*MARYLAND*

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
*Baltimore*

D. STREET ADDRESS (If rural, give location)  
*415 E. Belvedere*

5. SEX

*Female*

6. COLOR OR RACE  
*White*

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
*Widowed*

8. DATE OF BIRTH

*4-1-1888*

9. AGE (In years  
last birthday)

*62*

If Under 1 Year  
Months Days

If Under 24 Hours  
Hours Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

*Housework*

10B. KIND OF BUSINESS OR  
INDUSTRY

*Own home*

11. BIRTHPLACE (State or foreign country)

*MARYLAND*

12. CITIZEN OF  
WHAT COUNTRY?

*U. S.*

13. FATHER'S NAME

*James A. Gosnell*

14. MOTHER'S MAIDEN NAME

*MARGARET R. Brothers* ✓

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

*No*

16. SOCIAL  
SECURITY NO.  
*NONE*

17. INFORMANT

ADDRESS

*Mrs. Howard Reichel - Above -*

18. *415X I*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) *Thrombo. Embolic phenomenon*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE, (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) *Rheumatic Cardio Vascular Disease*

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN  
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED  
WHILE AT ☐ WORK ☐ NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *January 1946*, to *Jan*, 1951, that I last saw the  
deceased alive on *Jan 22, 1951*, and that death occurred at *11:45 P. m.*, from the causes and on the date stated above.

23A. SIGNATURE

*William J. Kelpch*

M. D.

23B. ADDRESS

*3006 Roland Ave.*

23C. DATE SIGNED

*1-22-51*

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

*Burial*

24B. DATE

*1-25-1951*

24C. NAME OF CEMETERY OR CREMATORY

*Mt. Pleasant*

24D. LOCATION (City, town, or county)

*GARROLL Co.*

(State)

*MD.*

DATE RECEIVED BY  
LOCAL REGISTRAR

*JAN 24 1951*

REGISTRAR'S SIGNATURE

*Huntington Williams*

25. FUNERAL DIRECTOR

ADDRESS

*S. M. Waltz, Winfield Rd*

VS 150

93c

51-0729



1000

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

15



0 2 3 0

536  
0730

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0730  
Registered No.

|   |                                   |  |   |
|---|-----------------------------------|--|---|
| 1. NAME OF DECEASED<br>(Type or Print) <b>Howard Zepp Hendrickson</b>   |                                   | 2. DATE OF DEATH <b>JANUARY 23, 1951</b>   |   |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland   |                                   | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>MARYLAND</b><br>B. COUNTY <b>20</b> |   |
| B. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution location)<br><b>2594 W. Hayette St.</b>  |                                   | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>BALTIMORE</b>   |   |
| C. Length of stay in Baltimore <b>63 YRS</b><br>Yrs. Mos. Days  |                                   | D. STREET ADDRESS (If rural, give location)<br><b>2594 W. Hayette St.</b>  |   |
| 5. SEX<br><b>MALE</b>   | 6. COLOR OR RACE<br><b>White</b>  | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>MARRIED</b>  | 8. DATE OF BIRTH<br><b>July 20, 1886</b>                                    |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Watchman</b>  |                                   | 10B. KIND OF BUSINESS OR INDUSTRY<br><b>Mfg. Bldg.</b>   | 9. AGE (In years last birthday)<br><b>64</b>                                |
| 13. FATHER'S NAME<br><b>Odin Hendrickson</b>  |                                   | 11. BIRTHPLACE (State or foreign country)<br><b>VIRGINIA</b>   |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)<br><b>No</b>  |                                   | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>  |   |
| 16. SOCIAL SECURITY NO.<br><b>21309-9856</b>  |                                   | 14. MOTHER'S MAIDEN NAME<br><b>Unknown</b>   |   |
| 17. INFORMANT<br><b>MARY A. Hendrickson</b>   |                                   | ADDRESS<br><b>2594 W. Hayette St.</b>  |   |
| 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>470.1</b><br><b>Disease coronary artery - occlusion</b> |                                   | INTERVAL BETWEEN ONSET AND DEATH<br><b>4 hours</b>   |   |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><b>II</b><br><b>Atherosclerosis</b>   |                                   | <b>5 years</b>   |   |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   |                                   |  |   |
| 19A. DATE OF OPERATION <b>0</b>   |                                   | 19B. MAJOR FINDINGS OF OPERATION   |   |
| 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>  |                                   |  |   |
| 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)  |                                   | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)  |   |
| 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)  |                                   |  |   |
| 21D. TIME (Month) (Day) (Year) (Hour) INJURY  |                                   | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                                |   |
| 21F. HOW DID INJURY OCCUR?  |                                   |  |   |
| 22. I hereby certify that I attended the deceased from <b>Aug. 31, 1950</b> , to <b>Jan. 23, 1951</b> , that I last saw the deceased alive on <b>Jan. 22, 1951</b> , and that death occurred at <b>2 A. m.</b> , from the causes and on the date stated above.    |                                   |  |   |
| 23A. SIGNATURE<br><b>Libert E. Rudman</b>   |                                   | 23B. ADDRESS<br><b>2517 W. Balto. St.</b>  |   |
| 23C. DATE SIGNED<br><b>1/23/51</b>  |                                   |  |   |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>BURIAL</b>  | 24B. DATE<br><b>JAN. 26, 1951</b> | 24C. NAME OF CEMETERY OR CREMATORY<br><b>WESTERN CEMETERY</b>  | 24D. LOCATION (City, town, or county) (State)<br><b>BALTIMORE, MARYLAND</b> |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>JAN 24 1951</b>  |                                   | 25. FUNERAL DIRECTOR<br><b>George L. Schwab</b>  |   |
| REGISTRAR'S SIGNATURE<br><b>Walter J. Williams</b>  |                                   | ADDRESS<br><b>2101 Frederick Ave</b>   |   |

MEDICAL CERTIFICATION

100

RECEIVED  
OFFICE OF THE  
SECRETARY OF THE  
NAVY  
WASHINGTON, D.C.



260  
51 0731Bowser  
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

X Registered No. 51 0731

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Bowser Mary

2. DATE  
OF  
DEATH

Jan. 24, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

FRANKLIN SQUARE Hospital

Yrs.  
Mos.  
Days

C. Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

12-15-1881

9. AGE (In years,  
last birthday)

69

If Under 1 Year  
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Minnesota

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

James McCormick

14. MOTHER'S MAIDEN NAME

Mary Halliman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

N

16. SOCIAL  
SECURITY NO.

17. INFORMANT

Mary Abigail

ADDRESS

Laurel - Md

18. 415X I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

Myo degeneration of the heart.  
Chronic heart failure  
Rheumatic heart disease

8 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

Arteriosclerosis

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 18, 1950, to Jan. 24, 1951, that I last saw the deceased alive on Jan. 24, 1951, and that death occurred at 11 P. M., from the causes and on the date stated above.

23A. SIGNATURE

D. Newman

M. D.

23B. ADDRESS

936 Putnam Ave.

23C. DATE SIGNED

Jan. 24, 1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

W. W. Chambers

25. FUNERAL DIRECTOR

ADDRESS

W. W. Chambers Co. 5801 Cleveland Ave.

VS 150

9512 Riv. Md.

UNITED STATES OF AMERICA  
DEPARTMENT OF AGRICULTURE  
BUREAU OF PLANT INDUSTRY

Washington, D. C. 20250  
April 1954

663

0732

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0732  
Registered No.

|   |                              |  |  |
|---|------------------------------|--|--|
| 1. NAME OF DECEASED<br>(Type or Print)<br><b>Ernestine Sherrard</b>   |                              | 2. DATE OF DEATH<br><b>1-24-51</b>   |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland   |                              | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>West Virginia</b> B. COUNTY <b>V-45</b> |  |
| B. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>University Hosp.</b>  |                              | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Weston</b>  |  |
| C. Length of stay in Baltimore<br><b>6</b> Yrs. Mos. Days   |                              | D. STREET ADDRESS (If rural, give location)<br><b>301 Centre Ave.</b>  |  |
| 5. SEX<br><b>F</b>  | 6. COLOR OR RACE<br><b>W</b> | 7. SINGLE <del>MARRIED</del><br>WIDOWED, DIVORCED (Specify)  | 8. DATE OF BIRTH<br><b>1902</b>              |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b> |                              | 10B. KIND OF BUSINESS OR INDUSTRY<br><b>0</b>  | 9. AGE (In years last birthday)<br><b>49</b> |
| 13. FATHER'S NAME<br><b>Harold Du Wellen</b>  |                              | 11. BIRTHPLACE (State or foreign country)<br><b>W. Va.</b>   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)                             |                              | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.</b>  |  |
| 16. SOCIAL SECURITY NO.<br><b>2</b>   |                              | 17. INFORMANT<br><b>Daughter</b>   |  |
|   |                              | ADDRESS<br><b>Mercy Hosp of Balto</b>  |  |

|  |  |  |  |                                  |
|--|--|--|--|----------------------------------|
| 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>010X I</b> |  | CAUSE OF DEATH                             |  | INTERVAL BETWEEN ONSET AND DEATH |
| DUE TO   |  | (A) <b>Respiratory Failure</b>             |  | <b>3 wks.</b>                    |
| DUE TO   |  | (B) <b>Increased Intracranial Pressure</b> |  |                                  |
| DUE TO   |  | (C) <b>Tuberculous Meningitis</b>          |  |                                  |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  |  |  |  |                                  |

|   |   |  |  |   |
|---|---|--|--|---|
| 19A. DATE OF OPERATION<br><b>2/</b>                         |   | 19B. MAJOR FINDINGS OF OPERATION   |  | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)                 | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) |  |   |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY             | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21F. HOW DID INJURY OCCUR?   |  |   |

22. I hereby certify that I attended the deceased from **1-18**, 19**51**, to **1-24**, 19**51**, that I last saw the deceased alive on **1-24**, 19**51**, and that death occurred at **30 p m.**, from the causes and on the date stated above.

23A. SIGNATURE  
**Arthur H. Hoge** M. D.

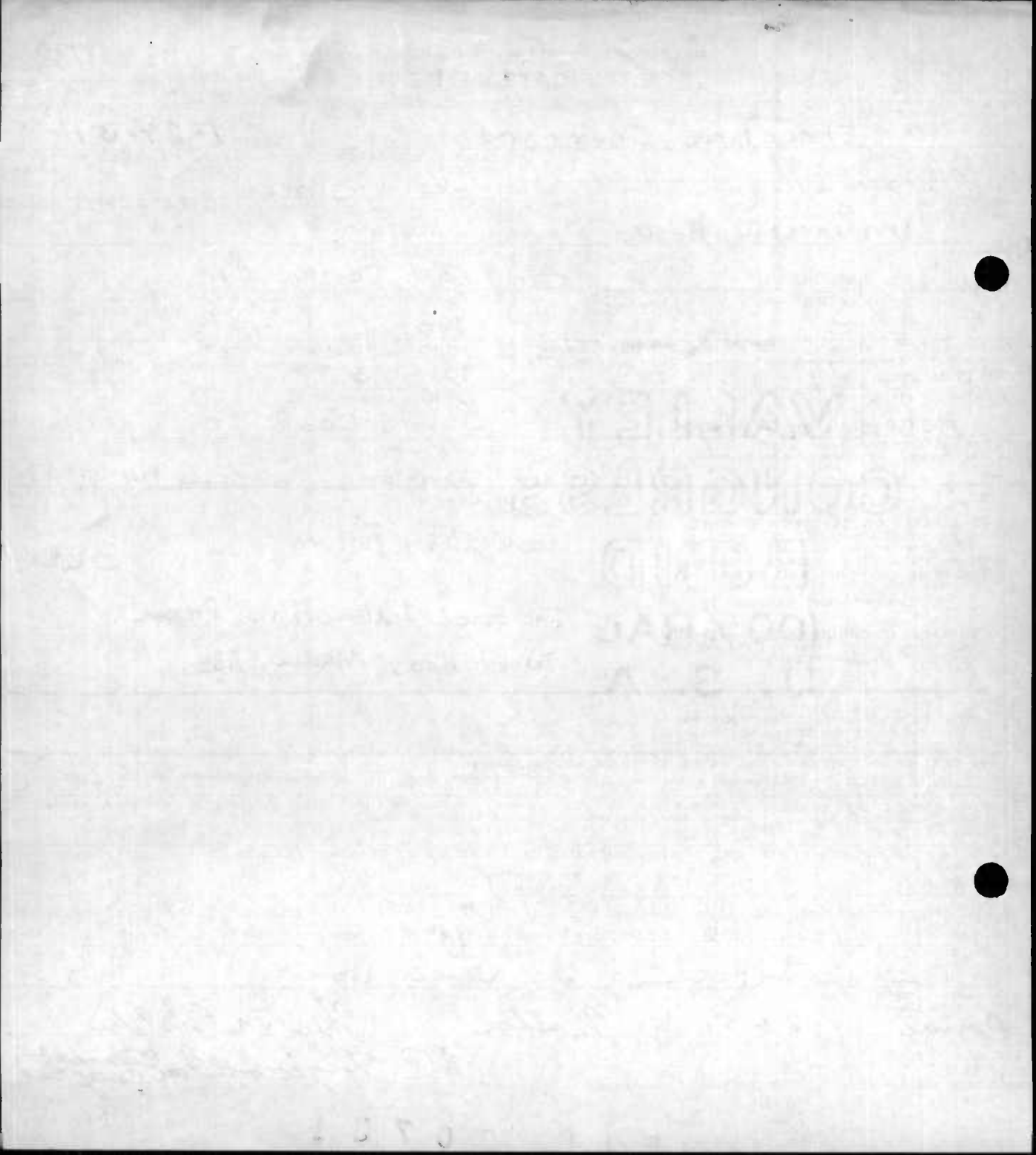
23B. ADDRESS  
**Univ. Hosp.**

23C. DATE SIGNED  
**1-24-51**

|  |  |   |  |
|--|--|---|--|
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> | 24B. DATE<br><b>1-27-51</b>                    | 24C. NAME OF CEMETERY OR CREMATORY<br><b>Weston</b> | 24D. LOCATION (City, town, or county) (State)<br><b>Weston W. Va</b> |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>JAN 25 1951</b>     | REGISTRAR'S SIGNATURE<br><b>Arthur H. Hoge</b> | 25. FUNERAL DIRECTOR<br><b>J. C. Higginbotham</b>   |  |
|  |  | ADDRESS<br><b>Ellenboro City Ind</b>                |  |

510000731

14





400  
0733BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 0733

BIRTH NO.

|  |                                  |   |   |   |   |
|--|----------------------------------|---|---|---|---|
| 1. NAME OF DECEASED<br>(Type or Print) <b>ERNEST ALBERT BAYLY</b>  |                                  |   | 2. DATE OF DEATH <b>JANUARY 23, 1951</b>  |   |   |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland  |                                  |   | 4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)<br>A. STATE <b>MARYLAND</b><br>B. COUNTY <b>23-02</b> |   |   |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)<br><b>1523 CLARKSON ST.</b>       |                                  |   | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>BALTIMORE</b>  |   |   |
| C. Length of stay in Baltimore<br>Yrs.<br>Mos.<br>Days   |                                  |   | D. STREET ADDRESS (If rural, give location)<br><b>1523 CLARKSON ST.</b>   |   |   |
| 5. SEX<br><b>MALE</b>  | 6. COLOR OR RACE<br><b>WHITE</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>MARRIED</b> | 8. DATE OF BIRTH<br><b>DEC. 21, 1893</b>  | 9. AGE (In years; last birthday)<br><b>57</b> | 10. Under 1 Year<br>Months: Days<br>11. Under 24 Hours<br>Hours: Min. |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>ACETYLENE BURNER</b> |                                  |   | 10B. KIND OF BUSINESS OR INDUSTRY<br><b>SHIPYARD</b>  |   |   |
| 13. FATHER'S NAME<br><b>THOMAS BAYLY</b>   |                                  |   | 12. CITIZEN OF WHAT COUNTRY?<br><b>MARYLAND</b>   |   |   |
| 14. MOTHER'S MAIDEN NAME<br><b>GEORGIA TURNER</b>  |                                  |   | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)<br><b>No</b>  |   |   |
| 16. SOCIAL SECURITY NO.  |                                  |   | 17. INFORMANT ADDRESS<br><b>MRS. ELSIE BAYLY 1523 CLARKSON ST.</b>  |   |   |

|   |  |  |
|---|--|--|
| 18. <b>331X I</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Cerebral hemorrhage</b><br>DUE TO<br><b>General arterio sclerosis.</b><br>DUE TO<br><b>—</b> |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>3 hours</b><br><b>?</b> |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   |  |  |

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 19A. DATE OF OPERATION <b>none</b>  |  | 19B. MAJOR FINDINGS OF OPERATION <b>—</b>   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)  |  | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)                 |  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)            |  |
| 21D. TIME (Month) (Day) (Year) (Hour) INJURY  |  | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21F. HOW DID INJURY OCCUR?  |  |
| 22. I hereby certify that I attended the deceased from <b>8/12/50</b> , 19 <b>—</b> , to <b>1/23/51</b> , 19 <b>—</b> , that I last saw the deceased alive on <b>1/23/51</b> , 19 <b>—</b> , and that death occurred at <b>P.m.</b> , from the causes and on the date stated above. |  |   |  |   |  |
| 23A. SIGNATURE<br><b>Harry Deibel</b>   |  | 23B. ADDRESS<br><b>1226 Hanover St.</b>   |  | 23C. DATE SIGNED<br><b>1/23/51</b>  |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>BURIAL</b>  |  | 24B. DATE<br><b>1/26/51</b>   |  | 24C. NAME OF CEMETERY OR CREMATORY<br><b>GLEN HAVEN MEM. PARK</b>                   |  |
| 24D. LOCATION (City, town, or county) (State)<br><b>ANNE ARUNDEL CO., MD.</b>   |  | 24E. DATE RECEIVED BY LOCAL REGISTRAR<br><b>JAN 25 1951</b>   |  |   |  |
| 24F. REGISTRAR'S SIGNATURE<br><b>William Williams</b>   |  | 24G. FUNERAL DIRECTOR ADDRESS<br><b>JOHN F. DENNY, INC. 715 LIGHT ST.</b>                                 |  |   |  |

11-0123

January 13, 1911

1 FIRST ALBERT LANE

MARY ANN

BARTIMORE

102 CLARKSON ST.

102 CLARKSON ST.

DEC. 21, 1892

MARRIED

WHITE

MARY ANN

MARRIED

WHITE

GEORGE TURNER

102 CLARKSON ST.

MRS. ALICE LANE 102 CLARKSON ST.

5 HOUSE

102 CLARKSON ST.

102 CLARKSON ST.

102 CLARKSON ST.

102 CLARKSON ST.

102 CLARKSON ST.

102 CLARKSON ST.

326  
51 0734BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 0734  
Registered No.

|   |                                  |  |  |
|---|----------------------------------|--|--|
| 1. NAME OF DECEASED<br>(Type or Print)<br><b>Jay O. Rodgers</b>   |                                  | 2. DATE<br>OF<br>DEATH <b>January 25, 1951</b>   |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland   |                                  | 4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)<br>A. STATE <b>Md.</b><br>B. COUNTY <b>26-03</b> |  |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR<br>INSTITUTION<br><b>3100 Brendan Ave.</b>  |                                  | C. CITY OR TOWN (If outside corporate limits, give RURAL and give township)<br><b>Baltimore</b>  |  |
| C. Length of stay in Baltimore<br>Yrs.<br>Mos.<br>Days  |                                  | D. STREET ADDRESS (If rural, give location)<br><b>3100 Brendan Ave. 13</b>   |  |
| 5. SEX<br><b>male</b>   | 6. COLOR OR RACE<br><b>white</b> | 7. SINGLE, MARRIED,<br>WIDOWED, DIVORCED (Specify)<br><b>married</b>   | 8. DATE OF BIRTH<br><b>January 1, 1880</b> |
| 9. AGE (in years, last birthday)<br><b>71</b>   |                                  | 10. Under 1 Year<br>Months: Days   | 11. Under 24 Hours<br>Hours: Min.          |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Machinist</b>   |                                  | 10B. KIND OF BUSINESS OR INDUSTRY<br><b>Glenn L. Martin</b>  |  |
| 11. BIRTHPLACE (State or foreign country)<br><b>Waynesboro, Penna.</b>  |                                  | 12. CITIZEN OF<br>WHAT COUNTRY?  |  |
| 13. FATHER'S NAME<br><b>John F. Rodgers</b>   |                                  | 14. MOTHER'S MAIDEN NAME<br><b>Elizabeth Bonebrake</b>   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no or unknown)<br><b>no</b>   |                                  | 16. SOCIAL SECURITY NO.<br><b>173-03-1332</b>  |  |
| 17. INFORMANT<br><b>Mrs. Helen G. Rodgers, 3100 Brendan Ave.</b>  |                                  | ADDRESS  |  |
| 18. <b>420 1 1</b><br>DISEASE OR CONDITION DIRECTLY<br>LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Coronary Thrombosis</b><br>DUE TO<br><b>Arteriosclerosis generalized</b><br>DUE TO<br><b>gem</b><br>INTERVAL BETWEEN<br>ONSET AND DEATH<br><b>6 days</b> |                                  |  |  |
| 19. DATE OF OPERATION<br><b>0</b>   |                                  |  |  |
| 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |                                  |  |  |
| 21A. ACCIDENT, SUICIDE,<br>HOMICIDE (Specify)   |                                  | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)  |  |
| 21C. WHERE DID INJURY OCCUR?<br>(If in Baltimore City, give exact location)   |                                  | 21D. TIME (Month) (Day) (Year) (Hour)<br>INJURY  |  |
| 21E. INJURY OCCURRED<br>WHILE AT <input type="checkbox"/> WORK<br>NOT WHILE <input type="checkbox"/> AT WORK  |                                  | 21F. HOW DID INJURY OCCUR?   |  |
| 22. I hereby certify that I attended the deceased from <b>1946</b> , 19 <b>51</b> , to <b>1-25</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>1-24</b> , 19 <b>51</b> , and that death occurred at <b>1 A</b> m., from the causes and on the date stated above.  |                                  |  |  |
| 23A. SIGNATURE<br><b>William L. Tearing</b>   |                                  | 23B. ADDRESS<br><b>3025 Belair Road</b>  |  |
| 23C. DATE SIGNED<br><b>1-25-51</b>  |                                  | 23D. NAME OF CEMETERY OR CREMATORY<br><b>Greenhill Cemetery</b>  |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |                                  | 24B. DATE<br><b>January 27, 51</b>   |  |
| 24C. LOCATION (City, town, or county) (State)<br><b>Waynesboro, Pennsylvania</b>  |                                  | 24D. DATE RECEIVED BY<br>LOCAL REGISTRAR<br><b>JAN 25 1951</b>   |  |
| 24E. REGISTRAR'S SIGNATURE<br><b>Walter Y. Grove</b>  |                                  | 24F. FUNERAL DIRECTOR<br><b>Walter Y. Grove, Waynesboro, Pa.</b>   |  |

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CENTRAL STATE OF TEXAS

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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

51 0735  
Registered No. \_\_\_\_\_

252  
51 0735

|   |  |  |  |   |  |  |  |
|---|--|--|--|---|--|--|--|
| 1. NAME OF DECEASED<br>(Type or Print) <b>FELIX KUCZYNSKI</b>   |  |  |  | 2. DATE OF DEATH<br><b>January 24, 1951</b>   |  |  |  |
| 3. PLACE OF DEATH:<br>A. <b>Baltimore City, Maryland</b>  |  |  |  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>Md.</b><br>B. COUNTY _____ |  |  |  |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR INSTITUTION<br><b>514 S. Milton Avenue</b>  |  |  |  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore</b>                                |  |  |  |
| D. STREET ADDRESS (If rural, give location)<br><b>514 S. Milton Avenue</b>  |  |  |  |   |  |  |  |
| 5. SEX<br><b>Male</b>   |  | 6. COLOR OR RACE<br><b>White</b>   |  | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b>   |  | 8. DATE OF BIRTH<br><b>November 20, 1897</b>                               |  |
| 9. AGE (In years last birthday)<br><b>53</b>  |  | 10. UNDER 1 Year<br>Months: _____ Days: _____  |  | 11. UNDER 24 Hours<br>Hours: _____ Min: _____   |  |  |  |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Tailor</b>  |  |  |  | 10B. KIND OF BUSINESS OR INDUSTRY<br><b>Clothing</b>  |  |  |  |
| 11. BIRTHPLACE (State or foreign country)<br><b>Poland</b>  |  |  |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>  |  |  |  |
| 13. FATHER'S NAME<br><b>Andrew Kuczynski</b>  |  |  |  | 14. MOTHER'S MAIDEN NAME<br><b>Katarzyna Jakubowska</b>   |  |  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)<br><b>No</b>  |  | 16. SOCIAL SECURITY NO.<br><b>212-05-8055</b>  |  | 17. INFORMANT ADDRESS<br><b>Mrs. Antonina Kuczynski, 514 S. Milton Ave.</b>   |  |  |  |
| 18. <b>422.2</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Myocardial Insufficiency</b><br>DUE TO<br><b>Chronic Myocarditis</b><br>DUE TO<br><b>General Dropsy</b> |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>10 days.</b><br><b>1936.</b><br><b>3 wks.</b>  |  |  |  |
| 19A. DATE OF OPERATION<br><b>0</b>  |  |  |  | 19B. MAJOR FINDINGS OF OPERATION  |  |  |  |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH<br><input type="checkbox"/>   |  | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)              |  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)  |  |  |  |
| 21D. TIME (Month) (Day) (Year) (Hour) INJURY  |  | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21F. HOW DID INJURY OCCUR?  |  |  |  |
| 22. I hereby certify that I attended the deceased from <b>June 1, 1936</b> , to <b>Jan. 24, 1951</b> , that I last saw the deceased alive on <b>Jan. 23, 1951</b> , and that death occurred at <b>12:55 p.m.</b> , from the causes and on the date stated above.  |  |  |  |   |  |  |  |
| 23A. SIGNATURE<br><b>John V. Szewcinski</b>   |  | M. D. <b>1802 Eastern Ave</b>  |  | 23B. ADDRESS  |  | 23C. DATE SIGNED<br><b>1-24-51</b>   |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |  | 24B. DATE<br><b>1/27/51</b>  |  | 24C. NAME OF CEMETERY OR CREMATORY<br><b>St. Stanislaus</b>   |  | 24D. LOCATION (City, town or county) (State)<br><b>Baltimore, Maryland</b> |  |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>JAN 25 1951</b>  |  | REGISTRAR'S SIGNATURE<br><b>John V. Szewcinski</b>   |  | 25. FUNERAL DIRECTOR ADDRESS<br><b>M. F. Sadowski &amp; Sons, 1808 Eastern Avenue</b>   |  |  |  |

MEDICAL CERTIFICATION

59046, Charles D. Sadowski - 93D

1940

1941

1942

1943

1944

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456  
1 0736BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 0736  
Registered No.

BIRTH NO.

|  |  |  |  |
|--|--|--|--|
| 1. NAME OF DECEASED<br>(Type or Print) <b>Bertha V. Pohhmyer</b>   |  | 2. DATE OF DEATH <b>1/23/51</b>  |  |
| 3. PLACE OF DEATH:<br>a. Baltimore City, Maryland <b>Maryland General Hospital</b><br>b. FULL NAME OF HOSPITAL OR INSTITUTION <b>Maryland General Hospital</b>   |  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Maryland</b><br>c. CITY OR TOWN <b>Baltimore</b><br>d. STREET ADDRESS (If rural, give location) <b>2818 W. Lafayette Avenue</b> |  |
| c. Length of stay in Baltimore <b>Life</b>   |  | 5. SEX <b>Female</b><br>6. COLOR OR RACE <b>White</b><br>7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>   |  | 10b. KIND OF BUSINESS OR INDUSTRY <b>at Home</b>   |  |
| 13. FATHER'S NAME <b>John F. Hegglar</b>   |  | 14. MOTHER'S MAIDEN NAME <b>Friedricka Roeder</b>  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b>  |  | 16. SOCIAL SECURITY NO. <b>—</b>   |  |
| 17. INFORMANT <b>Robert Rudolph</b>  |  | ADDRESS <b>2818 W. Lafayette Ave</b>   |  |
| 18. <b>443X</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Cerebral Vascular Accident</b><br>DUE TO<br>(A) <b>Cerebral Vascular Accident</b><br>(B) <b>Hypertensive Cardio-Vascular Disease</b><br>(C) <b>generalized arteriosclerosis</b> |  | INTERVAL BETWEEN ONSET AND DEATH <b>12 hrs.</b>  |  |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.<br><b>Incisional hernia with partial intestinal obstruction</b>  |  |  |  |
| 19a. DATE OF OPERATION <b>0</b>  |  | 19b. MAJOR FINDINGS OF OPERATION <b>intestinal obstruction</b>   |  |
| 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>   |  |  |  |
| 21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>  |  | 21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)  |  |
| 21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)   |  |  |  |
| 21d. TIME (Month) (Day) (Year) (Hour) INJURY   |  | 21e. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  |
| 21f. HOW DID INJURY OCCUR?   |  |  |  |
| 22. I hereby certify that I attended the deceased from <b>1/22, 1951</b> , to <b>1/23, 1951</b> that I last saw the deceased alive on <b>1/23, 1951</b> and that death occurred at <b>9:50 a. m.</b> , from the causes and on the date stated above.   |  |  |  |
| 23a. SIGNATURE <b>Paul H. Heold</b>  |  | 23b. ADDRESS <b>Maryland General Hospital</b>  |  |
| 23c. DATE SIGNED <b>1/23/51</b>  |  |  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>  |  | 24b. DATE <b>Jan 26 1951</b>   |  |
| 24c. NAME OF CEMETERY OR CREMATORY <b>Woodlawn</b>   |  | 24d. LOCATION (City, town, or county) (State) <b>Balto Co. Md.</b>   |  |
| DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 25 1951</b>  |  | REGISTRAR'S SIGNATURE <b>Wilmington Williams</b>   |  |
| 25. FUNERAL DIRECTOR <b>Ms. Miss John R. Telford</b>   |  | ADDRESS <b>5311 Edmondson Ave</b>  |  |

8510000735 93D ave



0070

600  
01 0737BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 0737

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

PHILLIP REHR

2. DATE  
OF  
DEATH

Jan. 24, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland of MD.

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION LUTHERAN HOSP. of Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE MARYLAND

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
BALTIMORE 28-41

D. STREET ADDRESS (If rural, give location)

4116 Elderson Ave.

c. Length of stay in Baltimore

40 Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

White (Caucasian)

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

July, 1875

9. AGE (In years last birthday)

75 yrs.

H Under 1 Year Months: Days

H Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Not known

14. MOTHER'S MAIDEN NAME

Not known

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Harry Bolotin -

Assume

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Phillip Rehr Antero-lateral myocardial infarction

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Gangrene, rt. lower extremity

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 1/10, 1951, to 1/24, 1951, that I last saw the deceased alive on 1/24, 1951, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

J. C. Macapangan

M. D. Lutheran Hosp. of Md.

1/24/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

1-25-51

Mt Carmel

Baltimore, Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 25 1951

William Williams

Jack Hewitt 2100 Guitow Rd

DEPARTMENT OF HEALTH, CITY OF NEW YORK  
CERTIFICATE OF DEATH

155  
51 0738BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 0738  
Registered No.

|  |   |   |  |
|--|---|---|--|
| 1. NAME OF DECEASED<br>(Type or Print) <b>HOE HIPMAN</b>   |   | 2. DATE OF DEATH <b>1-24-51</b>   |  |
| 3. PLACE OF DEATH:<br>a. Baltimore City, Maryland  |   | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Md</b> b. COUNTY |  |
| b. FULL NAME OF HOSPITAL OR INSTITUTION <b>2411 Loyola Southway</b>  |   | c. CITY OR TOWN <b>Baltimore</b>  |  |
| c. Length of stay in Baltimore <b>55</b>   |   | d. STREET ADDRESS (If rural, give location) <b>2411 Loyola Southway</b>   |  |
| 5. SEX <b>Male</b>   | 6. COLOR OR RACE <b>White</b>   | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>  | 8. DATE OF BIRTH   |
| 9. AGE (in years last birthday) <b>67</b>  |   | 10. CITIZEN OF WHAT COUNTRY?  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Tailor</b>  |   | 10b. KIND OF BUSINESS OR INDUSTRY   |  |
| 11. BIRTHPLACE (State or foreign country) <b>Russia</b>  |   | 12. CITIZEN OF WHAT COUNTRY?  |  |
| 13. FATHER'S NAME <b>Not Known</b>   |   | 14. MOTHER'S MAIDEN NAME <b>Rose</b>  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)  |   | 16. SOCIAL SECURITY NO.   |  |
| 17. INFORMANT <b>Mary Lipman</b>   |   | ADDRESS <b>Dan</b>  |  |
| 18. <b>420.0</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>acute coronary thrombosis</b><br>DUE TO                   |   | INTERVAL BETWEEN ONSET AND DEATH <b>Sudden</b>  |  |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><b>Arteriosclerotic heart disease with myocardial infarction</b><br>DUE TO   |   | <b>5 months</b>   |  |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  |   |   |  |
| 19a. DATE OF OPERATION <b>0</b>  |   | 19b. MAJOR FINDINGS OF OPERATION  |  |
| 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |   |   |  |
| 21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                  | 21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)  |  |
| 21d. TIME (Month) (Day) (Year) (Hour) INJURY   | 21e. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR?  |  |
| 22. I hereby certify that I attended the deceased from <b>8-8</b> , 19 <b>50</b> , to <b>Jan 24</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>Jan 14</b> , 19 <b>50</b> , and that death occurred at <b>11 P</b> m., from the causes and on the date stated above. |   |   |  |
| 23a. SIGNATURE <b>Wick B. Kers</b>   |   | 23b. ADDRESS <b>2320 East Ave</b>   | 23c. DATE SIGNED <b>1-24-51</b>                              |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>  | 24b. DATE <b>1/25/1951</b>  | 24c. NAME OF CEMETERY OR CREMATORY <b>Herring Run</b>   | 24d. LOCATION (City, town, or county) (State) <b>Balt Md</b> |
| DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 25 1951</b>  | REGISTRAR'S SIGNATURE <b>William Williams</b>   | 25. FUNERAL DIRECTOR <b>Wick Lewis</b>  | ADDRESS <b>2100 East Ave</b>                                 |

Kush  
2370  
Entous

11/11/11

Dear Sir,

I have the honor to acknowledge the receipt of your letter of the 11th inst.

and in reply to inform you that the same has been forwarded to the proper authorities for their consideration.

I am, Sir, very respectfully,  
Yours,  
J. H. B.

Enclosed for you are two copies of the report of the committee on the subject of the proposed amendment to the constitution of the Association.

I am, Sir, very respectfully,  
Yours,  
J. H. B.

I am, Sir, very respectfully,  
Yours,  
J. H. B.

I am, Sir, very respectfully,  
Yours,  
J. H. B.

I am, Sir, very respectfully,  
Yours,  
J. H. B.

I am, Sir, very respectfully,  
Yours,  
J. H. B.

450  
51 0739

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

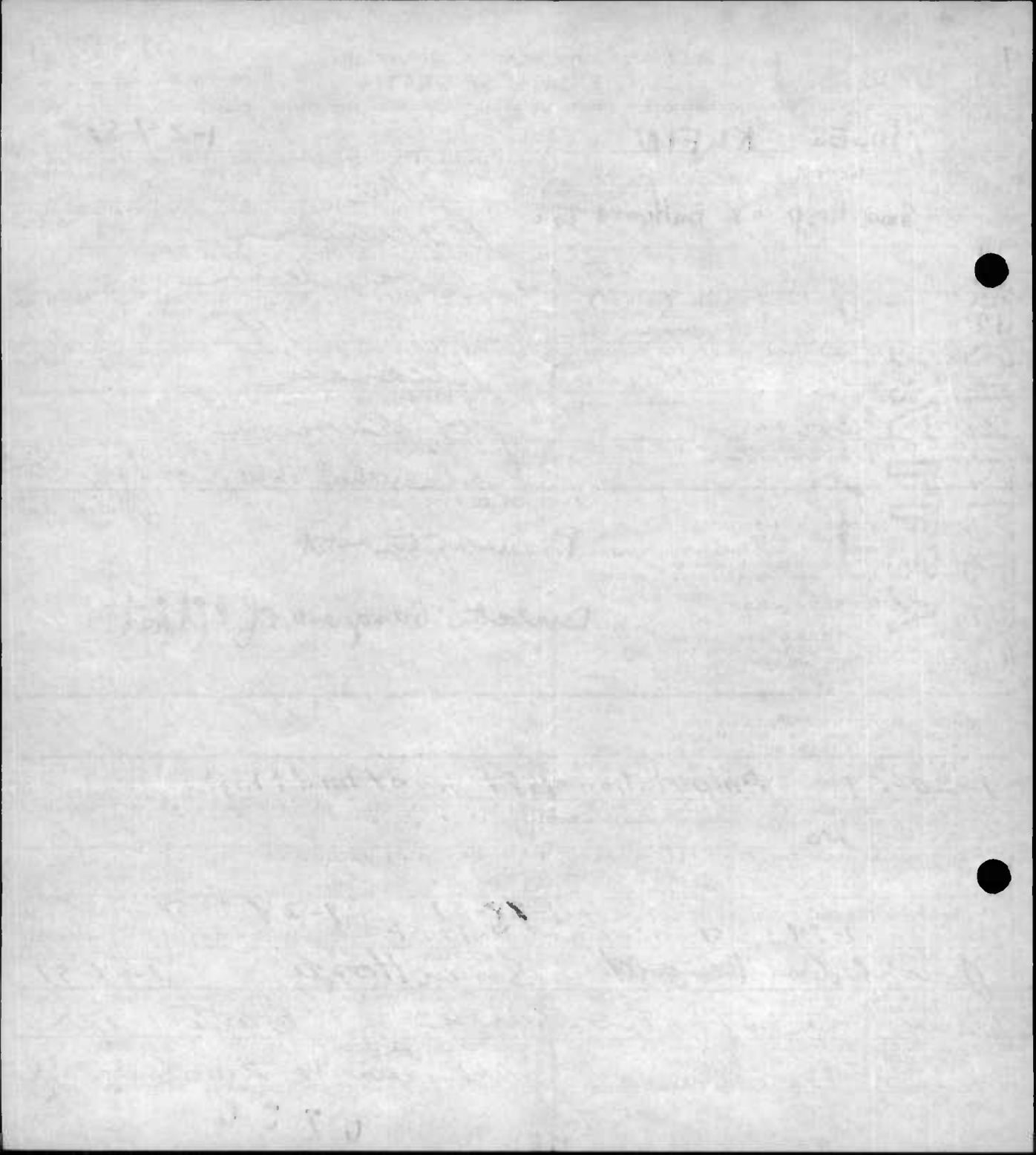
51 0739

Registered No. \_\_\_\_\_

|   |                           |  |   |  |   |
|---|---------------------------|--|---|--|---|
| 1. NAME OF DECEASED<br>(Type or Print) <b>MOSES KLEIN</b>   |                           |  | 2. DATE OF DEATH <b>1-24-51</b>   |  |   |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland   |                           |  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>MD</b> B. COUNTY _____ |  |   |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)<br><b>Sinai Hosp of Baltimore Inc</b>  |                           |  | C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)<br><b>Baltimore 27-17</b>                     |  |   |
| C. Length of stay in Baltimore <b>45</b> Yrs. <b>45</b> Mos. <b>45</b> Days   |                           |  | D. STREET ADDRESS (If rural, give location)<br><b>Rosedale</b>  |  |   |
| 5. SEX <b>M</b>   | 6. COLOR OR RACE <b>W</b> | 7. SINGLE (MARRIED) <b>married</b> WIDOWED, DIVORCED (Specify)   | 8. DATE OF BIRTH  | 9. AGE (in years last birthday) <b>74</b>                                | If Under 1 Year Months: Days If Under 24 Hours Hours: Min.                          |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Dresser</b>   |                           | 10B. KIND OF BUSINESS OR INDUSTRY<br><b>clothing</b>   |   | 11. BIRTHPLACE (State or foreign country)<br><b>Russia</b>               |   |
| 12. CITIZEN OF WHAT COUNTRY?  |                           |  | 13. FATHER'S NAME<br><b>not known</b>   |  |   |
| 14. MOTHER'S MAIDEN NAME<br><b>not known</b>  |                           |  | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)                    |  |   |
| 16. SOCIAL SECURITY NO.   |                           |  | 17. INFORMANT ADDRESS<br><b>Jack Rosenthal 1621 Gough St</b>  |  |   |
| 18. <b>450.1</b> CAUSE OF DEATH<br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br>(A) <b>Pneumonia - rt</b><br>DUE TO<br>ANTECEDENT CAUSES<br>(B) <b>Diabetic Gangrene of left foot</b><br>DUE TO<br>(C) _____<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br>II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. |                           |  |   |  |   |
| 19A. DATE OF OPERATION<br><b>1-20-51</b>  |                           | 19B. MAJOR FINDINGS OF OPERATION<br><b>Amputation left leg at mid thigh</b>                            |   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <b>No</b>   |                           | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)               |   | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) |   |
| 21D. TIME (Month) (Day) (Year) (Hour)   |                           | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |   | 21F. HOW DID INJURY OCCUR?   |   |
| 22. I hereby certify that I attended the deceased from <b>1-18-51</b> , 19 <b>51</b> , to <b>1-24</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>1-24</b> , 19 <b>51</b> , and that death occurred at <b>10:05 PM</b> , from the causes and on the date stated above.  |                           |  |   |  |   |
| 23A. SIGNATURE<br><b>Joseph Louis Feingold</b>  |                           | 23B. ADDRESS<br><b>Sinai Hosp</b>  |   | 23C. DATE SIGNED<br><b>1-24-51</b>                                       |   |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |                           | 24B. DATE<br><b>1-25-51</b>  |   | 24C. NAME OF CEMETERY OR CREMATORY<br><b>Rosedale</b>                    |   |
| 24D. LOCATION (City, town, or county)<br><b>Balto MD</b>  |                           | 24E. FUNERAL DIRECTOR<br><b>Jack Lewis Inc</b>   |   | 24F. ADDRESS<br><b>2100 Canton Pl</b>                                    |   |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>JAN 25 1951</b>  |                           | REGISTRAR'S SIGNATURE<br><b>William Williams</b>   |   | 25. FUNERAL DIRECTOR<br><b>Jack Lewis Inc</b>                            |   |

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613  
51 0740BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

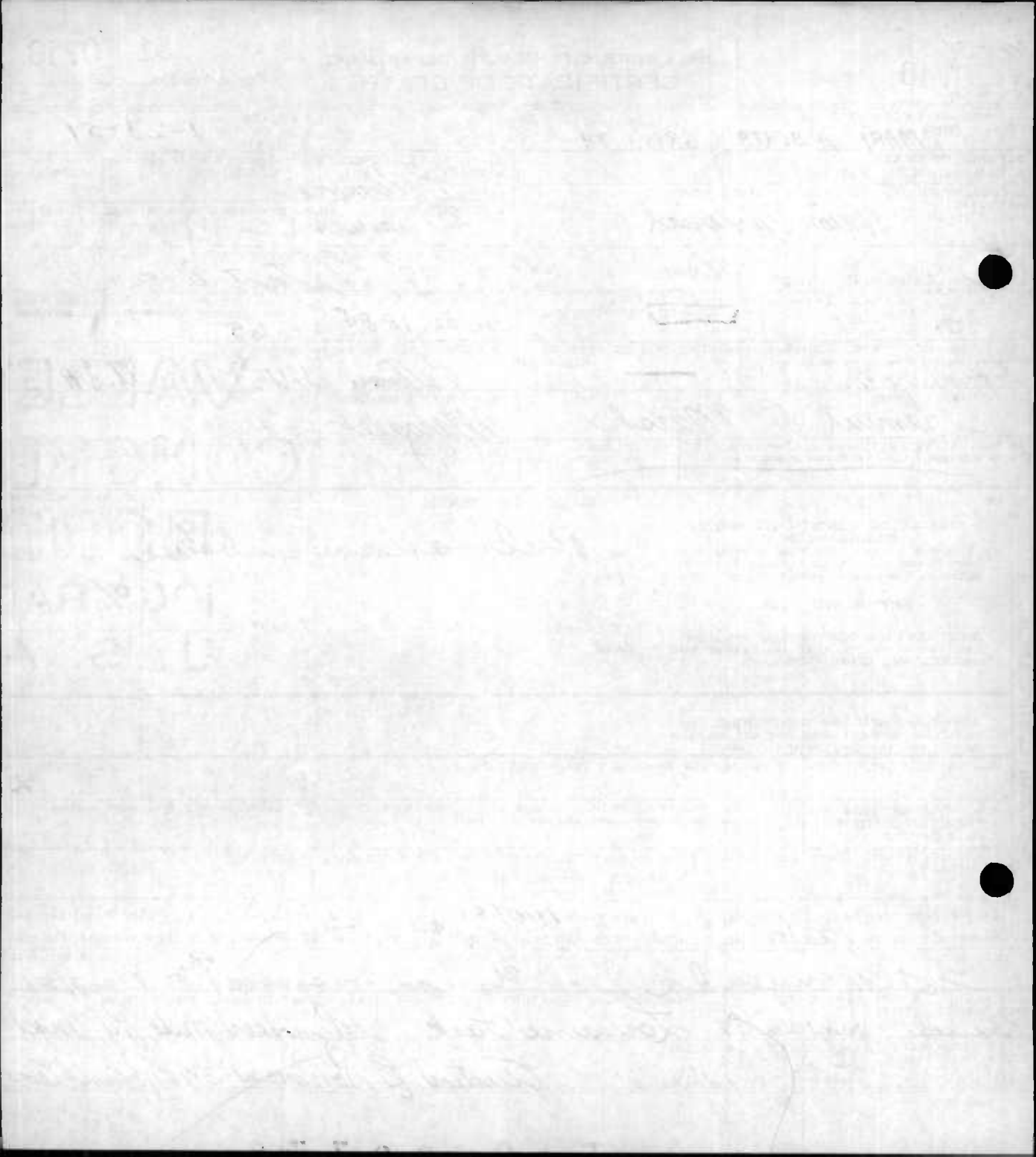
51 0740

Registered No.

|  |                           |   |   |  |  |
|--|---------------------------|---|---|--|--|
| 1. NAME OF DECEASED<br>(Type or Print) <b>MARY ALBERTA GRIFFITH</b>  |                           |   | 2. DATE OF DEATH <b>1-23-51</b>   |  |  |
| 3. PLACE OF DEATH:<br>a. Baltimore City, Maryland  |                           |   | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>Baltimore</b> B. COUNTY <b>13-07</b> |  |  |
| 5. FULL NAME OF HOSPITAL OR INSTITUTION <b>Union Memorial</b>  |                           |   | C. CITY OR TOWN (If outside corporate limits, write FULL and give township) <b>Maryland</b>   |  |  |
| 6. Length of stay in Baltimore <b>Lifelong.</b>  |                           |   | D. STREET ADDRESS (If rural, give location) <b>3647 Chestnut Avenue</b>   |  |  |
| 7. SEX <b>F.</b>   | 8. COLOR OR RACE <b>W</b> | 9. SINGLE, MARRIED, <b>WIDOWED</b> , DIVORCED (Specify) | 10. DATE OF BIRTH <b>Dec. 22, 1885</b>  |  | 11. AGE (in years last birthday) <b>65</b> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b> |                           |   | 10b. KIND OF BUSINESS OR INDUSTRY   |  | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b> |
| 13. FATHER'S NAME <b>Samuel E. Marsh</b>   |                           |   | 14. MOTHER'S MAIDEN NAME <b>Margaret Calwell</b>  |  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)     |                           |   | 16. SOCIAL SECURITY NO.   |  |  |
| 17. INFORMANT  |                           |   | ADDRESS   |  |  |

MEDICAL CERTIFICATION

|   |  |   |                                  |   |  |
|---|--|---|----------------------------------|---|--|
| 18. <b>465X I</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Pulmonary embolus</b><br>DUE TO<br>(A) .....<br>(B) .....<br>(C) .....<br>ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br>DUE TO<br>(A) .....<br>(B) .....<br>(C) .....<br>II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. |  |   | INTERVAL BETWEEN ONSET AND DEATH |   |  |
| 19a. DATE OF OPERATION <b>0</b>   |  | 19b. MAJOR FINDINGS OF OPERATION  |                                  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH   |  | 21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)                 |                                  | 21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)            |  |
| 21d. TIME (Month) (Day) (Year) (Hour) INJURY  |  | 21e. INJURY OCCURRED<br>WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK |                                  | 21f. HOW DID INJURY OCCUR?  |  |
| 22. I hereby certify that I attended the deceased from <b>1/10/51</b> , 19 <b>51</b> , to <b>1/23/51</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>1/22/51</b> , 19 <b>51</b> , and that death occurred at <b>1:40</b> m., from the causes and on the date stated above.  |  |   |                                  |   |  |
| 23a. SIGNATURE <b>J. J. Edmunds</b>   |  | 23b. ADDRESS <b>Union Memorial</b>  |                                  | 23c. DATE SIGNED <b>1/23/51</b>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>   |  | 24b. DATE <b>Jan 26/51</b>  |                                  | 24c. NAME OF CEMETERY OR CREMATORY <b>Lorraine Park</b>                             |  |
| 24d. LOCATION (City, town, or county) <b>Windeor Mill Rd. Md.</b>   |  | 24e. FUNERAL DIRECTOR <b>Justin B. Sonovan</b>  |                                  | 24f. ADDRESS <b>3818 Roland Ave</b>   |  |
| DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 25 1951</b>   |  | REGISTRAR'S SIGNATURE <b>Justin B. Sonovan</b>  |                                  | 25. FUNERAL DIRECTOR <b>Justin B. Sonovan</b>                                       |  |



|   |                                |   |                                    |  |  |
|---|--------------------------------|---|------------------------------------|--|--|
| BIRTH NO.   |                                | 1. NAME OF DECEASED<br>(Type or Print) <b>John Bailey</b>   |                                    | 2. DATE OF DEATH <b>1/22/51</b>  |  |
| 3. PLACE OF BIRTH:<br>a. Baltimore City, Maryland <b>Balto. MD.</b>   |                                | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE B. COUNTY |                                    |  |  |
| b. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>Bar-Wil-Bq Home</b>   |                                | c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Balto. 11-03</b>         |                                    |  |  |
| c. Length of stay in Baltimore  |                                | d. STREET ADDRESS (If rural, give location)<br><b>700-Madison Av.</b>                                       |                                    |  |  |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>Col</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Widow</b>   | 8. DATE OF BIRTH<br><b>Unknown</b> | 9. AGE (In years last birthday)<br><b>72</b>                             | 10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>unk</b>   |                                | 10b. KIND OF BUSINESS OR INDUSTRY   |                                    | 11. BIRTHPLACE (State or foreign country)<br><b>unk</b>                  |  |
| 12. CITIZEN OF WHAT COUNTRY?  |                                | 13. FATHER'S NAME<br><b>unk</b>   |                                    | 14. MOTHER'S MAIDEN NAME<br><b>unk</b>                                   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)  |                                | 16. SOCIAL SECURITY NO.   |                                    | 17. INFORMANT ADDRESS<br><b>Hannah Davis-700 Madison Av.</b>             |  |
| 18. 334 X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  |                                | CAUSE OF DEATH  |                                    |  |  |
| (A) <b>Apoplexy - Arteriosclerosis</b>  |                                | INTERVAL BETWEEN ONSET AND DEATH  |                                    |  |  |
| DUE TO  |                                | <b>6 Mos.</b>   |                                    |  |  |
| ANTECEDENT CAUSES   |                                | (B) <b>Myocardial Failure</b>   |                                    |  |  |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.   |                                | DUE TO  |                                    |  |  |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  |                                | (C)   |                                    |  |  |
| 19a. DATE OF OPERATION <b>0</b>   |                                | 19b. MAJOR FINDINGS OF OPERATION<br><b>None</b>   |                                    | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>    |  |
| 21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)  |                                | 21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)                   |                                    | 21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) |  |
| 21d. TIME (Month) (Day) (Year) (Hour) INJURY  |                                | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>      |                                    | 21f. HOW DID INJURY OCCUR?   |  |
| 22. I hereby certify that I attended the deceased from <b>honoured, death</b> <b>1/22/51</b> , that I last saw the deceased alive on <b>1/22/51</b> , and that death occurred at <b>1/22/51</b> m., from the causes and on the date stated above. |                                |   |                                    |  |  |
| 23a. SIGNATURE<br><b>H. L. Jackson</b>  |                                | 23b. ADDRESS<br><b>600 W. Lexington</b>   |                                    | 23c. DATE SIGNED<br><b>1/22/51</b>                                       |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |                                | 24b. DATE<br><b>1/25/51</b>   |                                    | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Mt. Zion</b>                    |  |
| 24d. LOCATION (City, town, or county) (State)<br><b>Baltimore Co. Md.</b>   |                                | 24e. FUNERAL DIRECTOR<br><b>Joseph A. Sirely</b>  |                                    | 24f. ADDRESS<br><b>661 W. Bore St.</b>                                   |  |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>JAN 25 1951</b>  |                                | REGISTRAR'S SIGNATURE<br><b>William H. Williams</b>   |                                    | VS 150   |  |

MEDICAL CERTIFICATION

83a

NOT A MEDICAL EXAMINER'S CASE

*Stanley L. Dineen, M.D.*  
CHIEF OR ASS'T. MEDICAL EXAMINER

4

240  
0742  
ND-48647  
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0742  
Registered No.

|   |  |  |   |  |  |
|---|--|--|---|--|--|
| 1. NAME OF DECEASED<br>(Type or Print) <b>Fredrick Weakley</b>  |  |  | 2. DATE OF DEATH<br><b>Jan. 22, 1951</b>  |  |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland   |  |  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>Maryland</b> B. COUNTY |  |  |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)<br><b>Baltimore City Hospitals</b><br><b>4940 Eastern Avenue</b> |  |  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore</b>                            |  |  |
| D. STREET ADDRESS (If rural, give location)<br><b>4940 Eastern Avenue</b>   |  |  |   |  |  |
| 5. SEX<br><b>Male</b>   |  |  | 6. COLOR OR RACE<br><b>White</b>  |  |  |
| 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Separated</b>   |  |  | 8. DATE OF BIRTH<br><b>Aug. 7, 1888</b>   |  |  |
| 9. AGE (In years last birthday)<br><b>62</b>  |  |  | 10. Under 1 Year Months: Days   |  |  |
| 11. Under 24 Hours Hours: Min.  |  |  | 12. CITIZEN OF WHAT COUNTRY?  |  |  |
| 13. FATHER'S NAME<br><b>Fredrick S. Weakley</b>   |  |  | 14. MOTHER'S MAIDEN NAME<br><b>Molly Ford</b>   |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)   |  |  | 16. SOCIAL SECURITY NO.   |  |  |
| 17. INFORMANT <b>Baltimore City Hospitals</b><br><b>Records: 4940 Eastern Avenue</b>  |  |  |   |  |  |

|  |  |  |
|--|--|--|
| 18. <b>604X</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Uremia Secondary to urethral strictures with chronic pyelonephritis</b> |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>1 Wk.</b> |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><b>Pyonephrosis-left- secondary to ureteral calculi</b>  |  | <b>unknown</b>                                   |
| (C) <b>Bronchopneumonia</b>  |  | <b>3 Days</b>                                    |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  |  |  |

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 19A. DATE OF OPERATION<br><b>1-20-51</b>  |  | 19B. MAJOR FINDINGS OF OPERATION<br><b>Bladder Calculi</b>  |  | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |  |
| 21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH   |  | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)                 |  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)            |  |
| 21D. TIME (Month) (Day) (Year) (Hour) INJURY  |  | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21F. HOW DID INJURY OCCUR?  |  |
| 22. I hereby certify that I attended the deceased from <b>9-25</b> , 19 <b>39</b> , to <b>1-22</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>1-22</b> , 19 <b>51</b> , and that death occurred at <b>4:05 P. m.</b> , from the causes and on the date stated above. |  |   |  |   |  |
| 23A. SIGNATURE<br><b>R. S. Ogoz</b>   |  | 23B. ADDRESS<br><b>4940 Eastern Avenue</b>  |  | 23C. DATE SIGNED<br><b>1-23-51</b>  |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |  | 24B. DATE<br><b>1/25/51</b>   |  | 24C. NAME OF CEMETERY OR CREMATORY<br><b>Woodlawn</b>                               |  |
| 24D. LOCATION (City, town, or county) (State)<br><b>Baltimore Md</b>  |  | 25. FUNERAL DIRECTOR<br><b>Blairne F. Hoffmann</b>  |  |   |  |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>JAN 25 1951</b>  |  | REGISTRAR'S SIGNATURE<br><b>Walter Williams</b>   |  | ADDRESS<br><b>1637 Broadway</b>   |  |

WORLD  
AMERICA



200  
51 0743

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 0743

|  |                           |   |                                  |  |                                       |
|--|---------------------------|---|----------------------------------|--|---------------------------------------|
| BIRTH NO.  |                           | 1. NAME OF DECEASED<br>(Type or Print)  |                                  | 2. DATE OF DEATH   |                                       |
|  |                           | William H. Mack   |                                  | Jan. 23, 1951  |                                       |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland  |                           | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE Md. B. COUNTY |                                  |  |                                       |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR INSTITUTION<br>00 1113 S. Baylis St.   |                           | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br>Baltimore 2609                  |                                  |  |                                       |
| C. Length of stay in Baltimore<br>Yrs. Mos. Days   |                           | D. STREET ADDRESS (If rural, give location)<br>1113 S. Baylis St.   |                                  |  |                                       |
| 5. SEX<br>male   | 6. COLOR OR RACE<br>white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br>married  | 8. DATE OF BIRTH<br>Nov. 1, 1880 |  | 9. AGE (In years last birthday)<br>70 |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Foreman Weigher Harry L. Stallings  |                           | 10B. KIND OF BUSINESS OR INDUSTRY   |                                  | 11. BIRTHPLACE (State or foreign country)<br>Baltimore                   |                                       |
| 13. FATHER'S NAME<br>Nicklos Mack  |                           | 14. MOTHER'S MAIDEN NAME<br>Catherine Elgert  |                                  | 12. CITIZEN OF WHAT COUNTRY?   |                                       |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)  |                           | 16. SOCIAL SECURITY NO.   |                                  | 17. INFORMANT ADDRESS<br>Annie E. Mack 1113 S. Baylis St.                |                                       |
| 18. 331X I<br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><br>ANTECEDENT CAUSES<br><br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><br>II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. |                           | CAUSE OF DEATH<br>(A) ARTERIOSCLEROSIS<br>DUE TO<br>(B)<br>DUE TO<br>(C) CEREBRAL HEMORRHAGE                    |                                  | INTERVAL BETWEEN ONSET AND DEATH<br>10 Yrs<br>4 DAYS                     |                                       |
| 19A. DATE OF OPERATION   |                           | 19B. MAJOR FINDINGS OF OPERATION  |                                  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |                                       |
| 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)   |                           | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)                       |                                  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) |                                       |
| 21D. TIME (Month) (Day) (Year) (Hour) INJURY   |                           | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>       |                                  | 21F. HOW DID INJURY OCCUR?   |                                       |
| 22. I hereby certify that I attended the deceased from JUNE 1941, to JAN 23, 1951, that I last saw the deceased alive on 1-23, 1951, and that death occurred at 8:45 A. M., from the causes and on the date stated above.  |                           |   |                                  |  |                                       |
| 23A. SIGNATURE<br>James F. Kavanaugh M.D.  |                           | 23B. ADDRESS<br>3014 Mc Clellery St.  |                                  | 23C. DATE SIGNED<br>1-24-51  |                                       |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br>Entombment  |                           | 24B. DATE<br>1/27/51  |                                  | 24C. NAME OF CEMETERY OR CREMATORY<br>Lorraine Pk. Cemt                  |                                       |
| 24D. LOCATION (City, town, or county) (State)<br>Baltimore   |                           | 25. FUNERAL DIRECTOR<br>Clarence F. Hoffman   |                                  | ADDRESS<br>1639 Broadway   |                                       |
| DATE RECEIVED BY LOCAL REGISTRAR<br>JAN 25 1951  |                           | REGISTRAR'S SIGNATURE<br>W. H. Williams   |                                  |  |                                       |

MEDICAL CERTIFICATION

398 20000742 83a



RECORDS OF THE  
DEPARTMENT OF HEALTH

250

51 0744

JACKSON

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 0744  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Jackson, Lodie L.

2. DATE  
OF  
DEATH

1/23/51

3. PLACE OF DEATH:  
A. Baltimore City, MarylandB. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

Provident Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Baltimore

Hampden

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Maryland

14-02

D. STREET ADDRESS (If rural, give location)

536 Mac Mechen St Nk Nk Chen

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Sept 18, 1904

9. AGE (In years last birthday)

46

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR INDUSTRY

Vol. family

13. FATHER'S NAME

Harry Howard

11. BIRTHPLACE (State or foreign country)

Stateville N. C.

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Jennie Mc Calhoun

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Millie J. Lure 453 1/2 2nd St.

18. 443X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral Hemorrhage

1-21/51

DUE TO

Hypertensive cardiovascular disease

1-23/51

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/21/1951, to 1/23/1951, that I last saw the deceased alive on 1/23, 1951, and that death occurred at 1:55 p. m., from the causes and on the date stated above.

23A. SIGNATURE

A. Nicola

23B. ADDRESS

M. D.

1514 Division St

23C. DATE SIGNED

1/23/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 25 1951

VS 150

7208A

937

MEDICAL CERTIFICATION

*[Faint, illegible handwriting throughout the page, possibly bleed-through from the reverse side.]*

524

51 0745

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 0745  
Registered No.

|  |                  |   |   |  |                              |
|--|------------------|---|---|--|------------------------------|
| BIRTH NO.  |                  | 1. NAME OF DECEASED<br>(Type or Print)  |   | 2. DATE OF DEATH   |                              |
|  |                  | GEORGIA E. LANGLEY  |   | Jan. 23, 1951  |                              |
| 3. PLACE OF DEATH:   |                  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)     |   |  |                              |
| A. Baltimore City, Maryland  |                  | A. STATE Maryland B. COUNTY   |   |  |                              |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)   |                  | C. CITY OR TOWN (If outside corporate limits, write FULLY, and give township)             |   |  |                              |
| 1626 Division Street   |                  | Baltimore   |   |  |                              |
| C. Length of stay in Baltimore   |                  | D. STREET ADDRESS (If rural, give location)   |   |  |                              |
| 40 years   |                  | 1626 Division Street  |   |  |                              |
| 5. SEX   | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)   | 8. DATE OF BIRTH                          | 9. AGE (In years last birthday)  | 10. Under 1 Year Months Days |
| Female   | Colored          | Widow   | May 10, 1882                              | 68   |                              |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  |                  | 10B. KIND OF BUSINESS OR INDUSTRY   | 11. BIRTHPLACE (State or foreign country) |  | 12. CITIZEN OF WHAT COUNTRY? |
| Domestic   |                  | Pvt. family   | Virginia                                  |  | USA                          |
| 13. FATHER'S NAME  |                  |   | 14. MOTHER'S MAIDEN NAME                  |  |                              |
| ??? Fauntleroy   |                  |   | Unknown                                   |  |                              |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)  |                  | 16. SOCIAL SECURITY NO.   | 17. INFORMANT ADDRESS                     |  |                              |
| No   |                  |   | Mrs. Lillie King 1626 Division St.        |  |                              |
| 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)                           |                  | CAUSE OF DEATH  |   | INTERVAL BETWEEN ONSET AND DEATH   |                              |
| (A) Hypertensive cardio-vascular-renal disease   |                  |   |   | 2+ years   |                              |
| ANTECEDENT CAUSES  |                  | (B) DUE TO  |   |  |                              |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  |                  | (C) DUE TO  |   |  |                              |
| II   |                  |   |   |  |                              |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  |                  |   |   |  |                              |
| 19A. DATE OF OPERATION   |                  | 19B. MAJOR FINDINGS OF OPERATION  |   | 20. AUTOPSY?   |                              |
|  |                  |   |   | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>      |                              |
| 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)   |                  | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) |   | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) |                              |
|  |                  |   |   |  |                              |
| 21D. TIME (Month) (Day) (Year) (Hour)  |                  | 21E. INJURY OCCURRED  |   | 21F. HOW DID INJURY OCCUR?   |                              |
| INJURY   |                  | WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>         |   |  |                              |
| 22. I hereby certify that I attended the deceased from June 1949, to Jan 23, 1951, that I last saw the deceased alive on Jan 23, 1951, and that death occurred at 4:00 a.m., from the causes and on the date stated above. |                  |   |   |  |                              |
| 23A. SIGNATURE   |                  | 23B. ADDRESS  |   | 23C. DATE SIGNED   |                              |
| James D. Carr  |                  | 1425 Madison Ave  |   | 1-24-51  |                              |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)  |                  | 24B. DATE   |   | 24C. NAME OF CEMETERY OR CREMATORY                                       |                              |
| Burial   |                  | 1/25/1951   |   | Mt. Auburn   |                              |
| DATE RECEIVED BY LOCAL REGISTRAR   |                  | REGISTRAR'S SIGNATURE   |   | 25. FUNERAL DIRECTOR ADDRESS   |                              |
| JAN 25 1951  |                  |   |   | Wallace Funeral Home<br>1601 David Hill Ave.                             |                              |

MEDICAL CERTIFICATION

VS 150

7208A

131a

# CONGRESS VALLEY

DEATH

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

600

51. 0746

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51. 0746

|   |  |  |  |  |  |   |  |
|---|--|--|--|--|--|---|--|
| 1. NAME OF DECEASED<br>(Type or Print) <b>FRANK GRAY JR.</b>  |  |  |  | 2. DATE OF DEATH <b>Jan 24, 1951</b>   |  |   |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland <b>Baltimore</b>  |  |  |  | 4. USUAL RESIDENCE: (Where deceased lived, if institution; residence before admission)<br>A. STATE <b>Maryland</b> B. COUNTY |  |   |  |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)<br><b>1706 Harlem Ave</b>  |  |  |  | C. CITY OR TOWN (If outside corporate limits, write IN RURAL and give township)<br><b>Baltimore 16-03</b>                    |  |   |  |
| D. STREET ADDRESS (If rural, give location)<br><b>1706 Harlem Ave</b>   |  |  |  | E. LENGTH OF STAY IN BALTIMORE <b>35 yrs</b>   |  |   |  |
| 5. SEX <b>Male</b>  |  | 6. COLOR OR RACE <b>Col.</b>   |  | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>   |  | 8. DATE OF BIRTH <b>Apr. 2, 1902</b>                            |  |
| 9. AGE (In years; last birthday) <b>48</b>  |  | 10. UNDER 1 YEAR Months: Days  |  | 11. UNDER 24 HOURS Hours: Min.   |  | 9. AGE (In years; last birthday) <b>49</b>                      |  |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>  |  |  |  | 10B. KIND OF BUSINESS OR INDUSTRY <b>STEEL MILL</b>  |  |   |  |
| 11. BIRTHPLACE (State or foreign country) <b>VIRGINIA</b>   |  |  |  | 12. CITIZEN OF WHAT COUNTRY?   |  |   |  |
| 13. FATHER'S NAME <b>Frank Gray Sr.</b>   |  |  |  | 14. MOTHER'S MAIDEN NAME <b>Sally</b>  |  |   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>-</b>  |  |  |  | 16. SOCIAL SECURITY NO. <b>-</b>   |  |   |  |
| 17. INFORMANT <b>Margaret Gray</b>  |  |  |  | ADDRESS <b>1706 Harlem Ave</b>   |  |   |  |
| 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Carcinoma of Cecum</b>                             |  |  |  | INTERVAL BETWEEN ONSET AND DEATH <b>?</b>  |  |   |  |
| DUE TO (A) <b>Carcinoma of Cecum</b>  |  |  |  |  |  |   |  |
| DUE TO (B) <b>Carcinoma of Cecum</b>  |  |  |  |  |  |   |  |
| DUE TO (C) <b>Carcinoma of Cecum</b>  |  |  |  |  |  |   |  |
| 19A. DATE OF OPERATION <b>Oct 1950</b>  |  |  |  | 19B. MAJOR FINDINGS OF OPERATION <b>Carcinoma</b>  |  |   |  |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |  |  |  |  |  |   |  |
| 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)  |  | 21B. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)               |  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)   |  |   |  |
| 21D. TIME (Month) (Day) (Year) (Hour) INJURY  |  | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21F. HOW DID INJURY OCCUR?   |  |   |  |
| 22. I hereby certify that I attended the deceased from <b>Jan 2, 1951</b> , to <b>Jan 24, 1951</b> , that I last saw the deceased alive on <b>Jan 23, 1951</b> , and that death occurred at <b>130 A.M.</b> , from the causes and on the date stated above. |  |  |  |  |  |   |  |
| 23A. SIGNATURE <b>F. K. O'Quinn</b>   |  |  |  | 23B. ADDRESS <b>1222 N. Caroline</b>   |  | 23C. DATE SIGNED <b>1-25-51</b>                                 |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>   |  | 24B. DATE <b>1-27-51</b>   |  | 24C. NAME OF CEMETERY OR CREMATORY <b>Mt Calvary Cem</b>   |  | 24D. LOCATION (City, town, or county) (State) <b>A.A. Co Md</b> |  |
| DATE RECEIVED BY LOCAL REGISTRAR  |  | REGISTRAR'S SIGNATURE <b>William</b>   |  | 25. FUNERAL DIRECTOR <b>Rayner S. Sanders</b>  |  | ADDRESS <b>1462 E. Preston St 46E</b>                           |  |

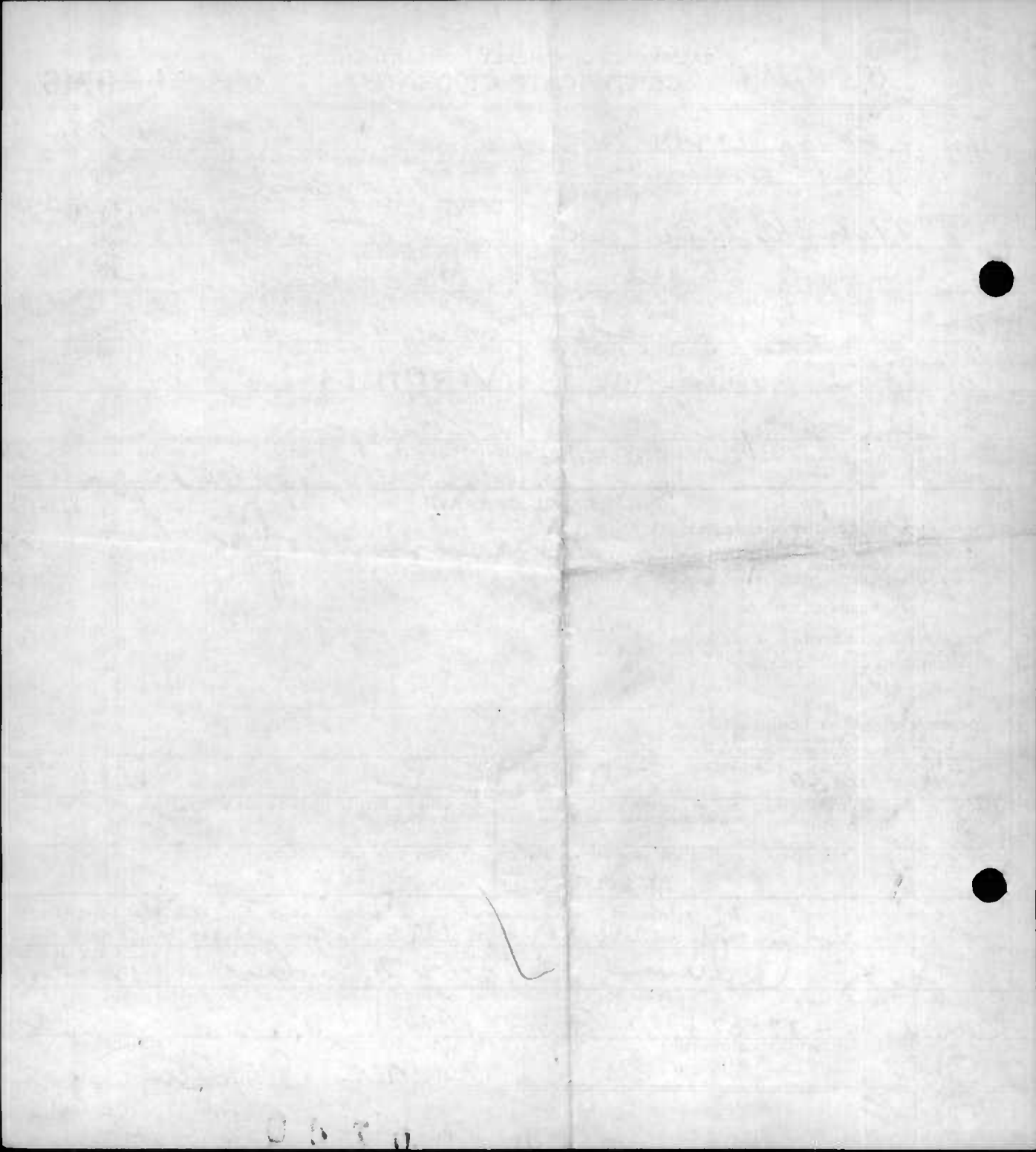
JAN 25 1951

9703A

1462 E. Preston St 46E

MEDICAL CERTIFICATION







512

51 0747

Timbs

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 0747  
Registered No.

BIRTH NO.

|  |                                  |  |  |
|--|----------------------------------|--|--|
| 1. NAME OF DECEASED<br>(Type or Print)<br><b>TIMBS, NOBLE</b>  |                                  | 2. DATE OF DEATH<br><b>1-24-51</b>   |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland  |                                  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>Maryland</b><br>B. COUNTY <b>the Poor</b> |  |
| 5. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>St. Joseph's Hospital</b>                                  |                                  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore</b>   |  |
| 6. LENGTH OF STAY IN BALTIMORE<br>Yrs. _____<br>Mos. _____<br>Days _____                                 |                                  | D. STREET ADDRESS (If rural, give location)<br><b>Valley &amp; Eager St. (Little Sisters of the Poor)</b>                                      |  |
| 7. SEX<br><b>Male</b>  | 8. COLOR OR RACE<br><b>White</b> | 9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  | 10. DATE OF BIRTH<br><b>Sept. 12, 1871</b> |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)              |                                  | 11. BIRTHPLACE (State or foreign country)  |  |
| 10B. KIND OF BUSINESS OR INDUSTRY  |                                  | 12. CITIZEN OF WHAT COUNTRY?   |  |
| 13. FATHER'S NAME<br><b>Noble Howard Timbs</b>   |                                  | 14. MOTHER'S MAIDEN NAME<br><b>Don't Know</b>  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) |                                  | 16. SOCIAL SECURITY NO.  |  |
| 17. INFORMANT  |                                  | ADDRESS  |  |

18. **420.0**  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

## CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION **0** 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **1-9-51**, 19**51** to **1-24-51**, 19**51**, that I last saw the deceased alive on **1-24-**, 19**51**, and that death occurred at **3:45 a.m.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AN 251051  
VS 150

937

Robert J. Taylor  
1882-1883

1882-1883

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

51 0748  
Registered No. \_\_\_\_\_

250  
51 0748

|   |                                  |   |                                 |
|---|----------------------------------|---|---------------------------------|
| 1. NAME OF DECEASED<br>(Type or Print) <i>Mr. Harry Saxon</i>   |                                  | 2. DATE OF DEATH<br><i>1-25-51</i>  |                                 |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland   |                                  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <i>Maryland</i> B. COUNTY _____ |                                 |
| 5. FULL NAME OF INSTITUTION (If not in hospital or institution, give street address or location)<br><i>Levindale Home</i> |                                  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><i>Baltimore</i>                                  |                                 |
| 6. LENGTH OF STAY IN BALTIMORE<br><i>45 Yrs</i>   |                                  | D. STREET ADDRESS (If rural, give location)<br><i>Georgian Court Apts Apt B-1</i>   |                                 |
| 5. SEX<br><i>Male</i>   | 6. COLOR OR RACE<br><i>White</i> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><i>Widower</i>   | 8. DATE OF BIRTH<br><i>1864</i> |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><i>None</i>                |                                  | 10B. KIND OF BUSINESS OR INDUSTRY   |                                 |
| 13. FATHER'S NAME<br><i>Abraham Saxon</i>   |                                  | 12. CITIZEN OF WHAT COUNTRY?<br><i>Russia</i>   |                                 |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)                  |                                  | 16. SOCIAL SECURITY NO.   |                                 |
| 17. INFORMANT<br><i>Mr William Saxon</i>  |                                  | ADDRESS<br><i>Georgian Court Apt</i>  |                                 |

|  |  |  |
|--|--|--|
| 18. <i>332X</i><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><i>Cerebral Thrombosis</i> |  | INTERVAL BETWEEN ONSET AND DEATH<br><i>weeks</i> |
| DUE TO (A) _____   |  |  |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><i>Cerebral Arteriosclerosis</i>   |  |  |
| DUE TO (B) _____   |  | <i>years</i>                                     |
| (C) _____  |  |  |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.<br><i>Prostate. hypertrophy, Cholelithiasis</i>  |  | <i>years</i>                                     |

|   |   |  |  |  |
|---|---|--|--|--|
| 19A. DATE OF OPERATION <i>0</i>   |   | 19B. MAJOR FINDINGS OF OPERATION   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/> | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)                 | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) |  |  |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY   | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21F. HOW DID INJURY OCCUR?   |  |  |

22. I hereby certify that I attended the deceased from *Jan. 16, 1948*, to *January 25, 1951*, that I last saw the deceased alive on *Jan 25, 1951*, and that death occurred at *5:10 a.m.*, from the causes and on the date stated above.

|   |       |                                       |                                    |
|---|-------|---------------------------------------|------------------------------------|
| 23A. SIGNATURE<br><i>Jerome J. Blumberg</i> | M. D. | 23B. ADDRESS<br><i>Levindale Home</i> | 23C. DATE SIGNED<br><i>1-25-51</i> |
|---|-------|---------------------------------------|------------------------------------|

|  |                                  |  |  |
|--|----------------------------------|--|--|
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><i>Burial</i> | 24B. DATE<br><i>Jan 26, 1951</i> | 24C. NAME OF CEMETERY OR CREMATORY<br><i>Chapin Amundson Cong. Arlington Cemetery Rogers</i> | 24D. LOCATION (City, town, or county) (State)<br><i>Ave Baltimore Md</i> |
|--|----------------------------------|--|--|

|   |  |   |                                   |
|---|--|---|-----------------------------------|
| DATE RECEIVED BY LOCAL REGISTRAR<br><i>AN 25 1951</i> | REGISTRAR'S SIGNATURE<br><i>William Williams</i> | 25. FUNERAL DIRECTOR<br><i>Sol Swenson Bros</i> | ADDRESS<br><i>1126W North ave</i> |
|---|--|---|-----------------------------------|

13-24-

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10

653

0749

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51

0749

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

William F. Brandt.

2. DATE OF DEATH

Jan 21, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore City

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

md

B. COUNTY

5. FULL NAME OF HOSPITAL OR INSTITUTION

1419 E. Baltimore St

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

3-01

7. STREET ADDRESS (If rural, give location)

1419 E. Baltimore St

8. Length of stay in Baltimore

2.15E

9. SEX

Male.

10. COLOR OR RACE

White.

11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widower.

12. DATE OF BIRTH

July 11, 1890

13. AGE (In years last birthday)

60.

14. Under 1 Year

Months

Days

15. Under 24 Hours

Hours

Min.

16. 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Produce. Dealer

17. BIRTHPLACE (State or foreign country)

Baltimore Md.

18. CITIZEN OF WHAT COUNTRY?

U.S.A

19. FATHER'S NAME

William Brandt.

20. MOTHER'S MAIDEN NAME

Ida Ase

21. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no.

22. SOCIAL SECURITY NO.

none.

23. INFORMANT

Henry Brandt.

24. ADDRESS

510 N. Robinson

25. 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

181X

Metastatic Carcinoma of lungs

26. ANTECEDENT CAUSES

Carcinoma of Bladder (urinary)

27. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

2-3 yrs.

28. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Osteoarthritis C.V. Disease

29. 19A. DATE OF OPERATION

none

30. 19B. MAJOR FINDINGS OF OPERATION

31. 20. AUTOPSY?

YES

NO

32. 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

no

33. 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

34. 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

35. 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

36. 21E. INJURY OCCURRED

WHILE AT WORK

NOT WHILE AT WORK

37. 21F. HOW DID INJURY OCCUR?

38. 22. I hereby certify that I attended the deceased from July 12, 1949 to Jan 20, 1951, that I last saw the deceased alive on Jan 20, 1951, and that death occurred at 9 P. M., from the causes and on the date stated above.

39. 23A. SIGNATURE

J. M. Miller

40. 23B. ADDRESS

163 E. Baltimore St

41. 23C. DATE SIGNED

1/23/51

42. 24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial.

43. 24B. DATE

Jan. 25, 1951

44. 24C. NAME OF CEMETERY OR CREMATORY

Park Lawn Cem

45. 24D. LOCATION (City, town, or county) (State)

Eastern Ave. Md.

46. DATE RECEIVED BY LOCAL REGISTRAR

JAN 25 1951

47. REGISTRAR'S SIGNATURE

William F. Brandt

48. FUNERAL DIRECTOR

Dwight S. Dippel

49. ADDRESS

312 S. Highland

VS 150

It is a pleasure to receive your letter of the 10th inst.

and to learn that you are still interested in the

subject.

I am sure that you will find the enclosed of interest.

Very truly yours,

W. H. C. Brown

Professor of Chemistry

The University of Chicago  
Chicago, Ill.  
Enclosed for you are two copies of a paper on the  
subject of the reaction of the alkali metals with  
the halogens. I am sure that you will find it of  
interest. I am also enclosing a copy of a paper on  
the reaction of the alkali metals with the halogens.  
I am sure that you will find it of interest.



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

51 0750  
Registered No.

BIRTH NO.

|   |                                  |   |  |  |   |
|---|----------------------------------|---|--|--|---|
| 1. NAME OF DECEASED<br>(Type or Print) <b>Ernest W. Beal</b>  |                                  |   | 2. DATE OF DEATH<br><b>Jan. 24, 1951</b>   |  |   |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland <b>Baltimore</b>  |                                  |   | 4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)<br>A. STATE <b>Maryland</b><br>C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b> |  |   |
| B. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>3137 E. Balto. St.</b>  |                                  |   | D. STREET ADDRESS (If rural, give location)<br><b>3137 E. Baltimore St.</b>  |  |   |
| C. Birth of stay in Baltimore   |                                  |   | Yrs. Mos. Days   |  |   |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Widowed</b> | 8. DATE OF BIRTH<br><b>March 22, 1873</b>  |  | 9. AGE (In years last birthday) <b>77</b>     |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Inspector</b> |                                  | 10B. KIND OF BUSINESS OR INDUSTRY<br><b>Steel</b>                 | 11. BIRTHPLACE (State or foreign country)<br><b>England</b>  |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b> |
| 13. FATHER'S NAME   |                                  |   | 14. MOTHER'S MAIDEN NAME   |  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)        |                                  |   | 16. SOCIAL SECURITY NO.<br><b>167-10-4275</b>  |  |   |
| 17. INFORMANT   |                                  |   | ADDRESS<br><b>Mary Butler 3137 E. Balto. St.</b>   |  |   |

|  |  |                                  |
|--|--|----------------------------------|
| 18. <b>141X</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Carcinoma Pan Intest</b> |  | INTERVAL BETWEEN ONSET AND DEATH |
| (A) DUE TO   |  |                                  |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><b>Extensive Metastases</b>  |  |                                  |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  |  |                                  |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 19A. DATE OF OPERATION <b>0</b>   |  | 19B. MAJOR FINDINGS OF OPERATION   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |  |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH   |  | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)               |  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) |  |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY   |  | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21F. HOW DID INJURY OCCUR?   |  |
| 22. I hereby certify that I attended the deceased from <b>Sept. 15, 1950</b> to <b>Jan. 24, 1951</b> that I last saw the deceased alive on <b>Jan. 23, 1951</b> and that death occurred at <b>4:00 P.M.</b> , from the causes and on the date stated above. |  |  |  |  |  |
| 23A. SIGNATURE<br><b>Allen C. Bealham</b>   |  | 23B. ADDRESS<br><b>3139 E. Baltimore St.</b>   |  | 23C. DATE SIGNED<br><b>1-25-51</b>                                       |  |

|  |  |   |  |  |  |  |  |
|--|--|---|--|--|--|--|--|
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> |  | 24B. DATE<br><b>1/27/50</b>                     |  | 24C. NAME OF CEMETERY OR CREMATORY<br><b>Immanuel Cem.</b> |  | 24D. LOCATION (City, town, or county) (State)<br><b>Balto. Md.</b> |  |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>JAN 25 1951</b>     |  | REGISTRAR'S SIGNATURE<br><b>Wm. H. Williams</b> |  | 25. FUNERAL DIRECTOR<br><b>John D. Moran</b>               |  | ADDRESS<br><b>3000 E. Balto. St.</b>                               |  |



UNITED STATES DEPARTMENT OF AGRICULTURE

Washington, D. C.

June 1901

Mr. J. H. ...

Dear Sir:

I have the honor to acknowledge the receipt of your letter of the 14th inst.

Very truly yours,

W. H. ...

Enclosed for you are ...

G

Very respectfully,

W. H. ...

W. H. ...

Very truly yours,

W. H. ...

2:00  
51 0751Koch  
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHFEB 25 1951  
51 0751  
Registered No.

|   |                                  |   |   |  |   |
|---|----------------------------------|---|---|--|---|
| BIRTH NO.   |                                  | 1. NAME OF DECEASED <b>Minna</b><br>(Type or Print) <del>XXXXXXXXXX</del> <b>Koch</b>   |   | 2. DATE OF DEATH <b>1/24/51</b>  |   |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland <b>Baltimore</b>  |                                  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>Maryland</b><br>B. COUNTY <b>Baltimore</b> |   |  |   |
| B. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>Lutheran Hosp.</b>  |                                  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore</b>  |   |  |   |
| C. Length of stay in Baltimore <b>appro. 45 yrs</b>   |                                  | D. STREET ADDRESS (If rural, give location)<br><b>1 N. Clinton St.</b>  |   |  |   |
| 5. SEX<br><b>Female</b>   | 6. COLOR OR RACE<br><b>White</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Widowed</b>   | B. DATE OF BIRTH<br><b>July 31, 1874</b>                    | 9. AGE (In years last birthday)<br><b>76</b>                             | 10. Under 1 Year<br>Months: Days: Hours: Min. |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>-----  |                                  |   | 11. BIRTHPLACE (State or foreign country)<br><b>Latavia</b> |  |   |
| 10B. KIND OF BUSINESS OR INDUSTRY<br>-----  |                                  |   | 12. CITIZEN OF WHAT COUNTRY?<br>-----                       |  |   |
| 13. FATHER'S NAME<br><b>? Kirsch</b>  |                                  |   | 14. MOTHER'S MAIDEN NAME<br><b>? ?</b>                      |  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)<br>-----   |                                  |   | 16. SOCIAL SECURITY NO.<br>-----                            |  |   |
| 17. INFORMANT<br><b>Mrs. J. E. Hammons</b>  |                                  |   | ADDRESS<br><b>6 S. Ellwood Ave.</b>                         |  |   |
| 18. <b>420 I</b> CAUSE OF DEATH<br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>(A) Pulmonary edema</b><br>DUE TO<br><b>(B) Coronary occlusion</b><br>DUE TO<br><b>(C)</b><br>INTERVAL BETWEEN ONSET AND DEATH |                                  |   |   |  |   |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.<br>-----  |                                  |   |   |  |   |
| 19A. DATE OF OPERATION<br><b>1/27/51</b>  |                                  | 19B. MAJOR FINDINGS OF OPERATION  |   | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |   |
| 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)  |                                  | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)   |   | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) |   |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY   |                                  | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                                       |   | 21F. HOW DID INJURY OCCUR?   |   |
| 22. I hereby certify that I attended the deceased from <b>1/23, 1951</b> , to <b>1/24, 1951</b> , that I last saw the deceased alive on <b>1/24, 1951</b> , and that death occurred at <b>1:45 Pm.</b> , from the causes and on the date stated above.  |                                  |   |   |  |   |
| 23A. SIGNATURE<br><b>Jerome Haber</b>   |                                  | M. D.<br><b>Lutheran Hosp</b>   |   | 23B. ADDRESS<br><b>3000 E. Balto. St.</b>                                |   |
| 23C. DATE SIGNED<br><b>1/24/51</b>  |                                  |   |   |  |   |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |                                  | 24B. DATE<br><b>1/27/51</b>   |   | 24C. NAME OF CEMETERY OR CREMATORY<br><b>St. Matthews Cem.</b>           |   |
| 24D. LOCATION (City, town, or county) (State)<br><b>Baltimore Md.</b>   |                                  |   |   |  |   |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>JAN 25 1951</b>  |                                  | REGISTRAR'S SIGNATURE<br><b>Washington Williams</b>   |   | 25. FUNERAL DIRECTOR<br><b>John A Moran</b>                              |   |
|   |                                  |   |   | ADDRESS<br><b>3000 E. Balto. St.</b>                                     |   |

CERTIFICATE OF DEATH

0070

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **51 0752**

BIRTH NO.

|   |                           |  |   |
|---|---------------------------|--|---|
| 1. NAME OF DECEASED<br>(Type or Print) <b>Frank J. Wolf</b>   |                           | 2. DATE OF DEATH <b>1/23/51</b>  |   |
| 3. PLACE OF DEATH:<br>a. Baltimore City, Maryland <b>3607 White Ave.</b>  |                           | 4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)<br>a. STATE <b>MD</b> b. COUNTY <b>Harford</b> |   |
| b. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR INSTITUTION <b>3607 White Ave</b> |                           | c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Balto. MD</b>                                     |   |
| c. Length of stay in Baltimore<br>Yrs. Mos. Days  |                           | d. STREET ADDRESS (If rural, give location)<br><b>3607 White Ave</b>   |   |
| 5. SEX <b>M</b>   | 6. COLOR OR RACE <b>W</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Single</b>   | 8. DATE OF BIRTH <b>Feb. 24 - 1888</b>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Chauffeur</b>                       |                           | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Shirwood Bros.</b>   | 9. AGE (In years last birthday) <b>62</b><br>If Under 1 Year Months: Days Hours: Min. |
| 13. FATHER'S NAME<br><b>Adam Wolf</b>   |                           | 11. BIRTHPLACE (State or foreign country)<br><b>Balto. Md.</b>   |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)<br><b>Unknown</b>            |                           | 12. CITIZEN OF WHAT COUNTRY?   |   |
| 16. SOCIAL SECURITY NO.<br><b>216-05-2327</b>   |                           | 14. MOTHER'S MAIDEN NAME<br><b>Emma Fisher</b>   |   |
| 17. INFORMANT<br><b>John Wolf</b>   |                           | ADDRESS<br><b>3607 White Ave.</b>  |   |

|  |  |                                  |
|--|--|----------------------------------|
| 18. <b>162X</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Brochogenic Carcinoma Lung</b> |  | INTERVAL BETWEEN ONSET AND DEATH |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><b>II</b>  |  |                                  |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  |  |                                  |

|  |   |   |  |   |
|--|---|---|--|---|
| 19a. DATE OF OPERATION   |   | 19b. MAJOR FINDINGS OF OPERATION  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                  | 21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)  |  |   |
| 21d. TIME (Month) (Day) (Year) (Hour) OF INJURY  | 21e. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR?  |  |   |
| 22. I certify that I took charge of the remains described above, held an <b>Inspection</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> . |   |   |  |   |
| 23a. SIGNATURE<br><b>P. J. Tebbins</b>   |   | 23b. CHIEF MEDICAL EXAMINER.....<br>ASSISTANT MEDICAL EXAMINER.....<br>M.D. MEDICAL INVESTIGATOR.....<br><b>1/24/51</b> |  |   |

|  |                             |  |  |
|--|-----------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> | 24b. DATE<br><b>1/26/51</b> | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Balto. Cem.</b> | 24d. LOCATION (City, town, or county) (State)<br><b>North Ave. Md.</b> |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>JAN 25 1951</b>     |                             | REGISTRAR'S SIGNATURE<br><b>John H. Connelly</b>         | 25. FUNERAL DIRECTOR<br><b>Essex 21- mdr</b>                           |

VS 151 6836T 47c

CERTIFICATE OF DEATH



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

51 0753  
Registered No. \_\_\_\_\_

|   |                                    |   |  |
|---|------------------------------------|---|--|
| 1. NAME OF DECEASED<br>(Type or Print) <b>DOUGLAS POWELL</b>  |                                    | 2. DATE OF DEATH <b>January 23, 1951</b>  |  |
| 3. PLACE OF DEATH:<br>A. <b>Baltimore City, Maryland</b>  |                                    | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>Maryland</b> S. COUNTY _____ |  |
| 8. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>University Hospital</b>   |                                    | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore</b>                                  |  |
| C. Length of stay in Baltimore<br>Yrs. _____ Mos. _____ Days _____  |                                    | D. STREET ADDRESS (If rural, give location)<br><b>410 N. Pearl Street</b>   |  |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>Colored</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Single</b>  | 8. DATE OF BIRTH<br><b>Feb. 3, 1907</b>      |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Stapleware</b>      |                                    | 10B. KIND OF BUSINESS OR INDUSTRY   | 9. AGE (In years last birthday)<br><b>43</b> |
| 13. FATHER'S NAME<br><b>Esau Powell</b>   |                                    | 11. BIRTHPLACE (State or foreign country)<br><b>Littleton N.C.</b>  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)<br><b>No</b> |                                    | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>   |  |
| 16. SOCIAL SECURITY NO.   |                                    | 14. MOTHER'S MAIDEN NAME<br><b>Mary Hawkins</b>   |  |
| 17. INFORMANT<br><b>Edward Powell</b>   |                                    | ADDRESS <b>214 St. Paul St.</b>   |  |

|  |  |                                  |
|--|--|----------------------------------|
| 18. <b>491X</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Confluent bronchopneumonia, left upper lobe</b> |  | INTERVAL BETWEEN ONSET AND DEATH |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br>(B) _____<br>(C) _____   |  |                                  |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  |  |                                  |

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 19A. DATE OF OPERATION <b>1-25-1951</b>   |  | 19B. MAJOR FINDINGS OF OPERATION   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.  |  | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)  |  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)            |  |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY   |  | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |  | 21F. HOW DID INJURY OCCUR?  |  |
| 22. I certify that I took charge of the remains described above, held an <u>Inspection &amp; Inquiry</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> . |  |  |  |   |  |
| 23A. SIGNATURE<br><b>William V. Lott</b>  |  | 23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/> |  | 23C. DATE SIGNED<br><b>Jan. 23, 1951</b>  |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Shipped</b>   |  | 24B. DATE<br><b>1-25-1951</b>  |  | 24C. NAME OF CEMETERY OR CREMATORY<br><b>Littleton N.C.</b>                         |  |
| 24D. LOCATION (City, town, or county) (State)<br><b>Littleton N.C.</b>  |  | 25. FUNERAL DIRECTOR<br><b>Mrs. Kate R. Williams</b>   |  | ADDRESS <b>322 N. Schroeder St.</b>   |  |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>JAN 25 1951</b>  |  | REGISTRAR'S SIGNATURE<br><b>William V. Lott</b>  |  |   |  |

1990



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 0754

625  
51 0754 50-22842

1. NAME OF DECEASED (Type or Print) William Harrison

2. DATE OF DEATH 1-23-51

3. PLACE OF DEATH:  
A. Baltimore City, Maryland U. Hospitals

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
UNIVERSITY Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore 5300

D. STREET ADDRESS (If rural, give location)  
407 WINTERS AVE. CATONSVILLE

E. LENGTH OF STAY IN BALTIMORE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE MARYLAND B. COUNTY Baltimore

5. SEX BOY 6. COLOR OR RACE COLORED 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED

8. DATE OF BIRTH OCT. 22, 1950 9. AGE (In years last birthday) 3 months 10. If Under 1 Year Months: Days Hours: Min. 1 - -

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHILD 10B. KIND OF BUSINESS OR INDUSTRY -

11. BIRTHPLACE (State or foreign country) BALTIMORE, MD. 12. CITIZEN OF WHAT COUNTRY? -

13. FATHER'S NAME ? 14. MOTHER'S MAIDEN NAME MARGARET

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) - 16. SOCIAL SECURITY NO. -

17. INFORMANT MARGARET HARRISON MOTHER ADDRESS -

18. 340.1 CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) pneumococcus pneumoniae DUE TO

ANTECEDENT CAUSES

(B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C) DUE TO

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0 19B. MAJOR FINDINGS OF OPERATION - 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐ 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) - 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) -

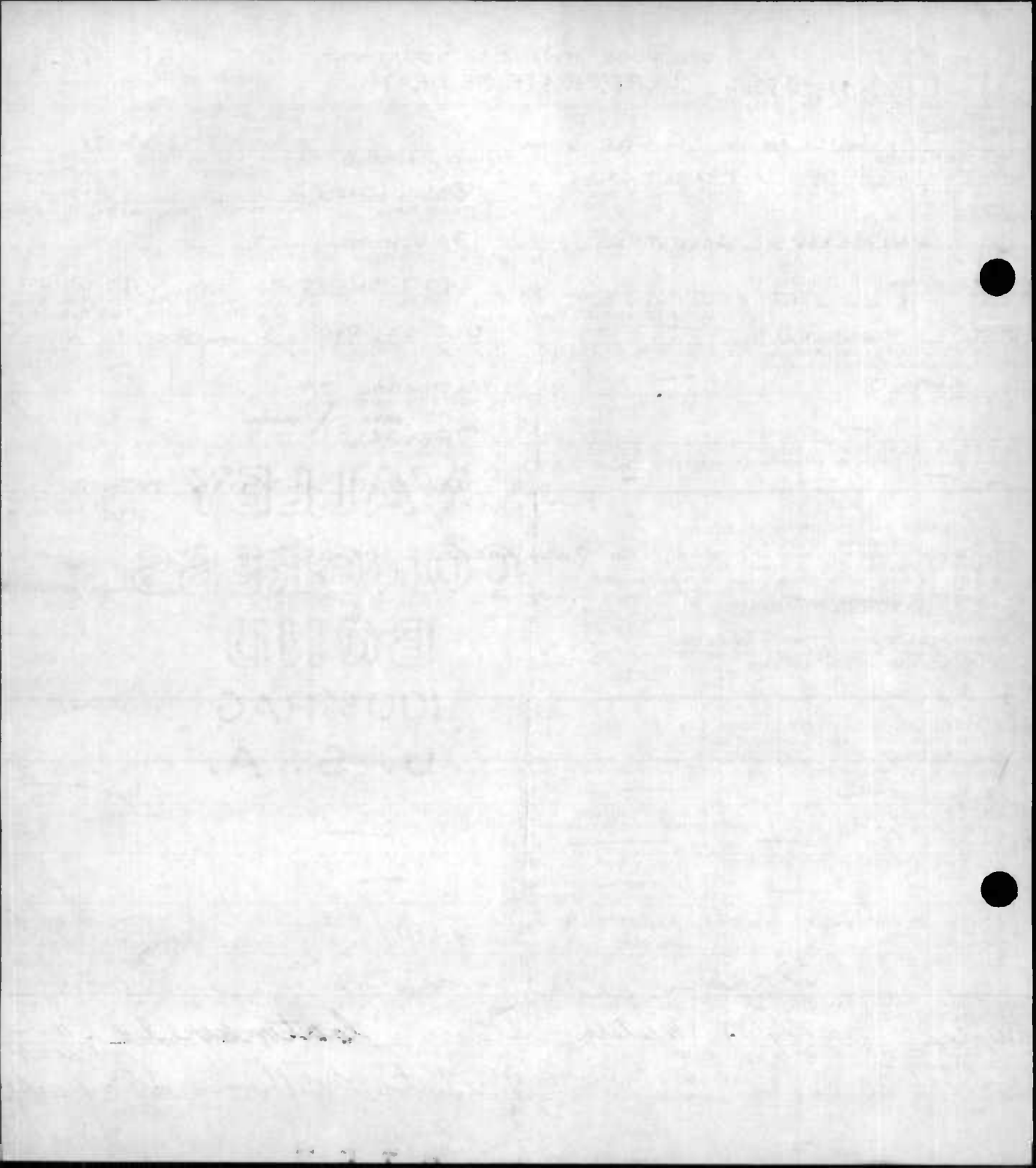
21D. TIME (Month) (Day) (Year) (Hour) INJURY - 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21F. HOW DID INJURY OCCUR? -

22. I hereby certify that I attended the deceased from 19, to 19, that I last saw the deceased alive on 19, and that death occurred at 5:35 P. m., from the causes and on the date stated above.

23A. SIGNATURE [Signature] M. D. U. Hospital 23B. ADDRESS U. Hospital 23C. DATE SIGNED 1-24-51

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial 24B. DATE Jan 26, 1951 24C. NAME OF CEMETERY OR CREMATORY Western Star 24D. LOCATION (City, town, or county) (State) Catonville, Md

DATE RECEIVED BY LOCAL REGISTRAR JAN 25 1951 REGISTRAR'S SIGNATURE [Signature] 25. FUNERAL DIRECTOR Mrs. Katie R. Williams ADDRESS 322 N Schroeder St



AB 115071  
452 0755

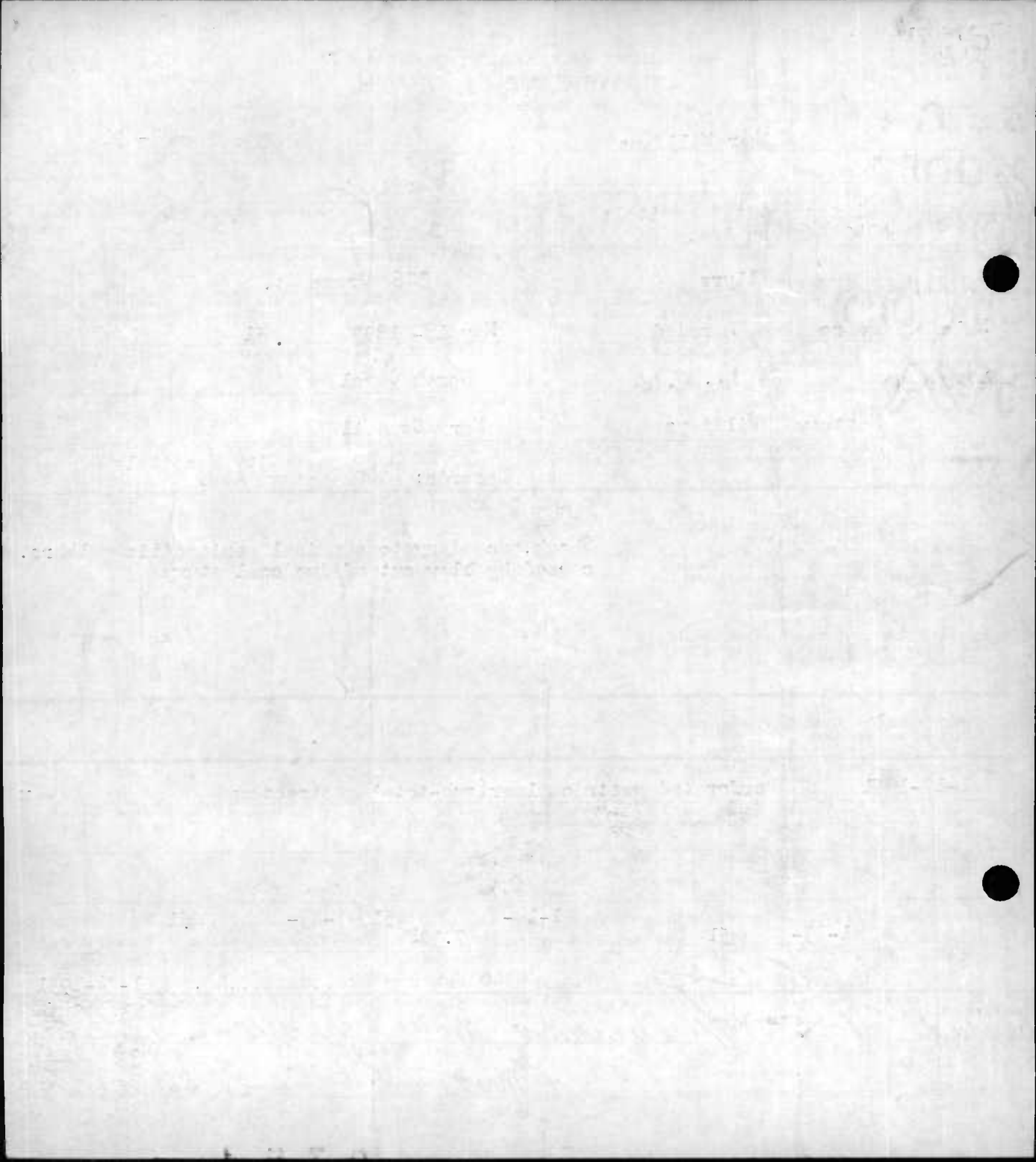
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0755  
Registered No.

|  |                                  |  |  |
|--|----------------------------------|--|--|
| 1. NAME OF DECEASED<br>(Type or Print)<br><b>Edgar Williams</b>  |                                  | 2. DATE OF DEATH<br><b>1-23- 51</b>  |  |
| 3. PLACE OF DEATH:<br>a. Baltimore City, Maryland  |                                  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>Maryland</b><br>B. COUNTY |  |
| b. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR INSTITUTE<br><b>Baltimore City Hospitals</b><br><b>4940 Eastern Ave.</b> |                                  | c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore</b>                               |  |
| d. Length of stay in Baltimore <b>11 yrs</b><br>Yrs. Mos. Days   |                                  | d. STREET ADDRESS (If rural, give location)<br><b>326 Green St. N.</b>   |  |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>Negro</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b>  | 8. DATE OF BIRTH<br><b>May 18- 1899</b>      |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Laborer</b>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>P. R. R.</b>   | 9. AGE (in years last birthday)<br><b>51</b> |
| 13. FATHER'S NAME<br><b>Matthew Williams</b>   |                                  | 11. BIRTHPLACE (State or foreign country)<br><b>North Carolina</b>   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)<br><b>No.</b>  |                                  | 16. SOCIAL SECURITY NO.  |  |
| 14. MOTHER'S MAIDEN NAME<br><b>Mary Council</b>  |                                  | 17. INFORMATION ADDRESS<br><b>Baltimore City Hospitals</b><br><b>Records: 4940 Eastern Ave.</b>                                |  |
| 12. CITIZEN OF WHAT COUNTRY?   |                                  | 18. CAUSE OF DEATH   |  |

|   |  |
|---|--|
| 18. CAUSE OF DEATH<br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Shock, secondary to chemical peritonitis caused by blow out of duodenal stump</b><br>DUE TO (A) <b>Shock, secondary to chemical peritonitis caused by blow out of duodenal stump</b><br>INTERVAL BETWEEN ONSET AND DEATH <b>14 hrs.</b> |  |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br>(B)<br>DUE TO<br>(C)  |  |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   |  |

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| 19a. DATE OF OPERATION<br><b>1-17-1951</b>   |  | 19b. MAJOR FINDINGS OF OPERATION<br><b>Perforated gastric ulcer (sub-total gastrectomy)</b>               |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>   |  | 21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)                 |  | 21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)            |  |
| 21d. TIME (Month) (Day) (Year) (Hour) INJURY   |  | 21e. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR?  |  |
| 22. I hereby certify that I attended the deceased from <b>1-14-</b> , 1951 to <b>1-23-</b> , 1951, that I last saw the deceased alive on <b>1-23-</b> , 1951, and that death occurred at <b>7.30 P. m.</b> , from the causes and on the date stated above. |  |   |  |   |  |
| 23a. SIGNATURE<br><b>R. Orger</b><br>M. D.   |  | 23b. ADDRESS<br><b>4940 Eastern Ave., Balto., Md.</b>   |  | 23c. DATE SIGNED<br><b>1-24-1951</b>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Shipped</b>  |  | 24b. DATE<br><b>1-25-1951</b>   |  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Durham N. C.</b>                           |  |
| 24d. LOCATION (City, town, or county) (State)<br><b>Durham N. C.</b>   |  | 25. FUNERAL DIRECTOR<br><b>Mrs. Kate K. Williams</b>  |  | ADDRESS<br><b>3230</b>  |  |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>JAN 25 1951</b>   |  | REGISTRAR'S SIGNATURE<br><b>Edgar Williams</b>  |  | 25. FUNERAL DIRECTOR<br><b>Mrs. Kate K. Williams</b>                                |  |



150  
0756BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 0756

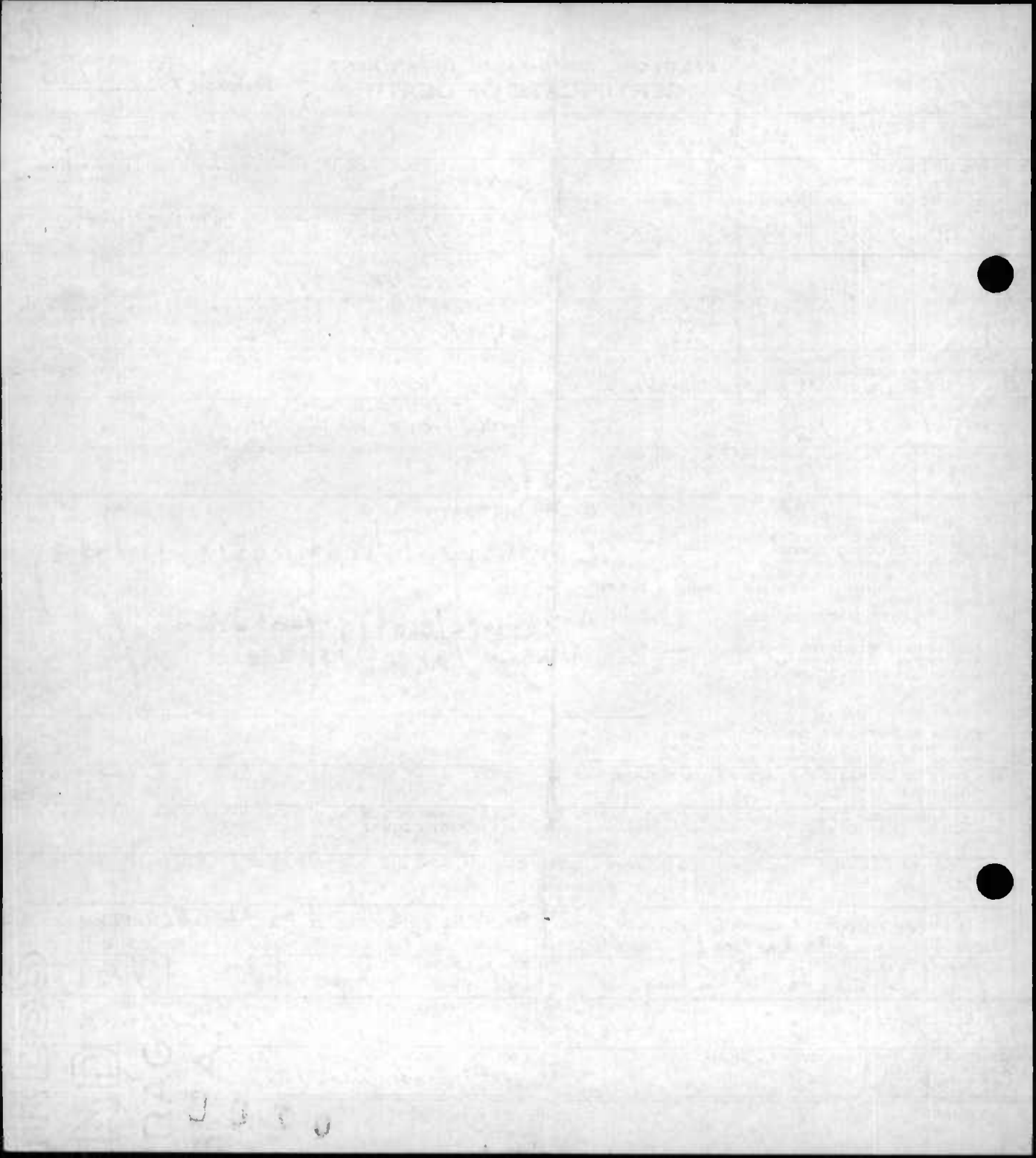
BIRTH NO.

|  |                               |  |  |   |  |
|--|-------------------------------|--|--|---|--|
| 1. NAME OF DECEASED<br>(Type or Print) <b>John F Larin</b>   |                               |  | 2. DATE OF DEATH <b>Jan 22-51</b>  |   |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland  |                               |  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>Md.</b> B. COUNTY |   |  |
| 5. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR INSTITUTION<br><b>1440 N. Bond St.</b> |                               |  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore 8-07</b>                  |   |  |
| 6. Length of stay in Baltimore<br>Yrs. Mos. Days   |                               |  | D. STREET ADDRESS (If rural, give location)<br><b>1440 N. Bond St.</b>   |   |  |
| 5. SEX<br><b>M.</b>  | 6. COLOR OR RACE<br><b>W.</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>M.</b> | 8. DATE OF BIRTH<br><b>Apr. 17-1888</b>  | 9. AGE (In years last birthday)<br><b>62.</b> | 10. Under 1 Year Months Days 11. Under 24 Hours Hours Min. |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Ret. Stage Builder</b>                   |                               |  | 10B. KIND OF BUSINESS OR INDUSTRY<br><b>Md Drydock Co.</b>   |   |  |
| 13. FATHER'S NAME<br><b>John F Larin</b>   |                               |  | 14. MOTHER'S MAIDEN NAME<br><b>Rebecca Falk.</b>   |   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)<br><b>Yes, no or unknown</b>                           |                               |  | 16. SOCIAL SECURITY NO.<br><b>314-03-2290</b>  |   |  |
| 17. INFORMANT ADDRESS  |                               |  | 12. CITIZEN OF WHAT COUNTRY?   |   |  |

|  |   |  |
|--|---|--|
| 18. <b>4/20.1</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Coronary Thrombosis</b><br>DUE TO<br>ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><b>Arteriosclerotic Cardio-vascular Disease</b><br>DUE TO<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | CAUSE OF DEATH<br><b>Coronary Thrombosis</b><br><b>Arteriosclerotic Cardio-vascular Disease</b> | INTERVAL BETWEEN ONSET AND DEATH<br><b>1 day</b> |
|--|---|--|

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 19A. DATE OF OPERATION <b>0</b>   |  | 19B. MAJOR FINDINGS OF OPERATION  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)  |  | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)                 |  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)            |  |
| 22. TIME (Month) (Day) (Year) (Hour)<br>INJURY  |  | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21F. HOW DID INJURY OCCUR?  |  |
| 22. I hereby certify that I attended the deceased from <b>Jan 20, 1951</b> , to <b>Jan 22, 1951</b> , that I last saw the deceased alive on <b>Jan 22, 1951</b> , and that death occurred at <b>6 P. m.</b> , from the causes and on the date stated above. |  |   |  |   |  |
| 23A. SIGNATURE<br><b>William A. Fusting</b>   |  | 23B. ADDRESS<br><b>11 E. Chase St</b>   |  | 23C. DATE SIGNED<br><b>1-25-51</b>  |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |  | 24B. DATE<br><b>Jan 26-51</b>   |  | 24C. NAME OF CEMETERY OR CREMATORY<br><b>Moreland Mem PK.</b>                       |  |
| 24D. LOCATION (City, town, or county) (State)<br><b>Parkville Balto Co.</b>   |  | 25. FUNERAL DIRECTOR ADDRESS<br><b>Wm Cook Inc. 1217 St Paul St</b>                                       |  |   |  |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>JAN 25 1951</b>  |  | REGISTRAR'S SIGNATURE<br><b>William A. Fusting</b>  |  |   |  |

510340000755937





525  
1 0757BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 0757

|   |                              |  |   |  |   |
|---|------------------------------|--|---|--|---|
| 1. NAME OF DECEASED<br>(Type or Print) <i>Harry D. Johnson</i>  |                              |  | 2. DATE OF DEATH<br><i>Jan 23-51</i>  |  |   |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland   |                              |  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <i>MD</i> B. COUNTY - |  |   |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR INSTITUTION<br><i>3960 Brooklyn Ave</i>   |                              |  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><i>Baltimore</i> <i>25-04</i>           |  |   |
| C. Length of stay in Baltimore<br>Yrs. Mos. Days  |                              |  | D. STREET ADDRESS (If rural, give location)<br><i>3960 Brooklyn Ave</i>   |  |   |
| 5. SEX<br><i>M.</i>   | 6. COLOR OR RACE<br><i>W</i> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><i>M.</i>   | 8. DATE OF BIRTH<br><i>Sept. 21-1888</i>  | 9. AGE (In years last birthday)<br><i>62</i>                             | If Under 1 Year Months: Days Hours: Min.                |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><i>Rel Machine operator</i>  |                              |  | 10B. KIND OF BUSINESS OR INDUSTRY<br><i>Darison Chemical Corp. (M)</i>  |  | 11. BIRTHPLACE (State or foreign country)<br><i>Md.</i> |
| 12. CITIZEN OF WHAT COUNTRY?  |                              |  | 13. FATHER'S NAME<br><i>Johnson</i>   |  |   |
| 14. MOTHER'S MAIDEN NAME<br><i>Nancy Unknown</i>  |                              |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)<br><i>Yes W.W.I.</i>                 |  |   |
| 16. SOCIAL SECURITY NO.<br><i>215-07-7859</i>   |                              |  | 17. INFORMANT ADDRESS<br><i>Lydia Johnson. 3960 Brooklyn Ave</i>  |  |   |
| 18. <i>422.1</i><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br>CAUSE OF DEATH<br><i>Myocardial Insufficiency</i><br>DUE TO<br><i>Atherosclerosis, Myocarditis.</i> |                              |  | INTERVAL BETWEEN ONSET AND DEATH  |  |   |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br>II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   |                              |  |   |  |   |
| 19A. DATE OF OPERATION<br><i>0</i>  |                              |  | 19B. MAJOR FINDINGS OF OPERATION  |  |   |
| 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |                              |  |   |  |   |
| 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)  |                              | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                             |   | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) |   |
| 21D. TIME (Month) (Day) (Year) (Hour)<br>INJURY   |                              | 21E. INJURY OCCURRED<br>WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |   | 21F. HOW DID INJURY OCCUR?   |   |
| 22. I hereby certify that I attended the deceased from <i>Dec 10</i> , 19 <i>50</i> , to <i>Jan 23</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>Jan 22</i> , 19 <i>51</i> , and that death occurred at <i>m.</i> , from the causes and on the date stated above.   |                              |  |   |  |   |
| 23A. SIGNATURE<br><i>John A. Schumacher</i>   |                              | 23B. ADDRESS<br><i>1337 S. Charles St</i>  |   | 23C. DATE SIGNED<br><i>1/24/51</i>                                       |   |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><i>Burial</i>  |                              | 24B. DATE<br><i>Jan. 26-51</i>   |   | 24C. NAME OF CEMETERY OR CREMATORY<br><i>London Pk.</i>                  |   |
| 24D. LOCATION (City, town, or county) (State)<br><i>Fredrick Ave. Balto</i>   |                              | 25. FUNERAL DIRECTOR ADDRESS<br><i>Wm Cook Inc 1217 St Paul St</i>   |   |  |   |

MEDICAL CERTIFICATION



CERTIFICATE OF DEATH

WALTON  
WONG  
WONG  
WONG

U.S. DEPT. OF COMMERCE

624  
1 0758BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0758

Registered No.

|   |                                  |   |   |   |  |
|---|----------------------------------|---|---|---|--|
| 1. NAME OF DECEASED<br>(Type or Print) <i>Helene L. Trovelli</i>  |                                  |   | 2. DATE OF DEATH<br><i>Jan. 25, 1951</i>  |   |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland   |                                  |   | 4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)<br>A. STATE <i>MD</i> B. COUNTY <i>Fredrick</i> |   |  |
| 5. FULL NAME OF HOSPITAL OR INSTITUTION<br><i>JONES HOPKINS HOSPITAL</i>  |                                  |   | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><i>Thurmont</i>                                       |   |  |
| 6. Length of stay in Baltimore<br><i>7 weeks</i>  |                                  |   | D. STREET ADDRESS (If rural, give location)<br><i>6000</i>  |   |  |
| 7. SEX<br><i>Female</i>   | 8. COLOR OR RACE<br><i>White</i> | 9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)           | 10. DATE OF BIRTH<br><i>6-4-10</i>  | 11. AGE (In years last birthday)<br><i>40</i> | 12. If Under 1 Year Months Days                |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><i>Housework</i> |                                  | 10B. KIND OF BUSINESS OR INDUSTRY<br><i>mother's home</i> | 11. BIRTHPLACE (State or foreign country)<br><i>New York</i>  |   | 12. CITIZEN OF WHAT COUNTRY?<br><i>U. S. A</i> |
| 13. FATHER'S NAME<br><i>Charles W. Trovelli</i>   |                                  |   | 14. MOTHER'S MAIDEN NAME<br><i>Mary O'Neil</i>  |   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(If yes, give war or dates of service)<br><i>no</i>             |                                  | 16. SOCIAL SECURITY NO.<br><i>no</i>                      | 17. INFORMANT<br><i>JONES HOPKINS HOSPITAL</i>  |   |  |

18. *410 X* I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  
CAUSE OF DEATH  
(A) *Mitral Stenosis*  
DUE TO

INTERVAL BETWEEN ONSET AND DEATH  
*25 years*

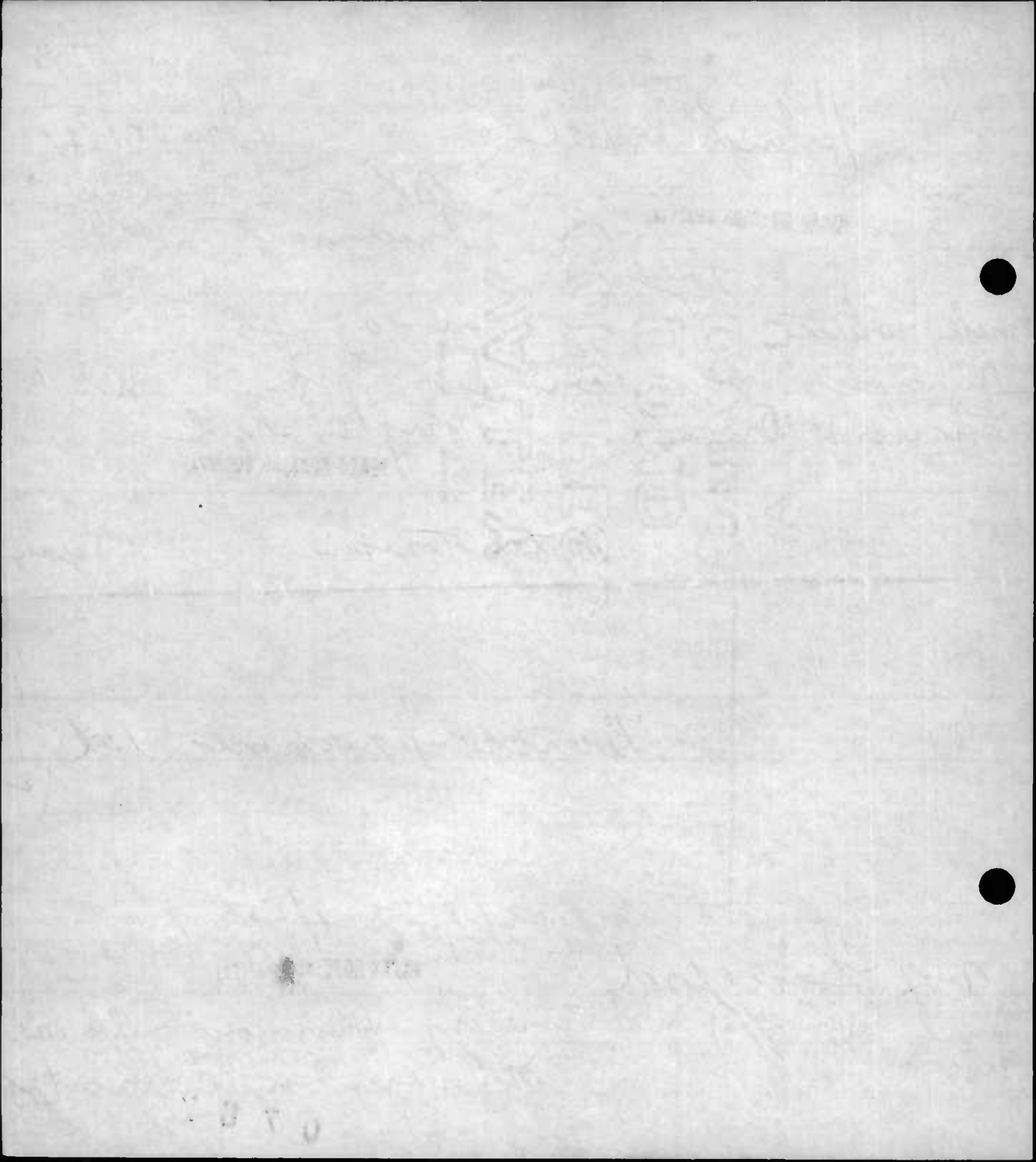
## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) \_\_\_\_\_  
DUE TO  
(C) \_\_\_\_\_II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.*Broncho-pneumonia**1 wk*

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| 19A. DATE OF OPERATION<br><i>0</i>   |  | 19B. MAJOR FINDINGS OF OPERATION  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH  |  | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)                 |  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)            |  |
| 21D. TIME (Month) (Day) (Year) (Hour)<br>INJURY  |  | 21E. INJURY OCCURRED<br>WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK |  | 21F. HOW DID INJURY OCCUR?  |  |
| 22. I hereby certify that I attended the deceased from <i>12/8/1950</i> to <i>1/25/1951</i> , that I last saw the deceased alive on <i>1/25/1951</i> , and that death occurred at <i>7:55 PM</i> , from the causes and on the date stated above. |  |   |  |   |  |
| 23A. SIGNATURE<br><i>W. L. Langford</i>  |  | 23B. ADDRESS<br><i>JONES HOPKINS HOSPITAL</i>   |  | 23C. DATE SIGNED  |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><i>Burial</i>   |  | 24B. DATE<br><i>Jan. 29, 1951</i>   |  | 24C. NAME OF CEMETERY OR CREMATORY<br><i>N. B. Cemetery</i>                         |  |
| 24D. LOCATION (City, town, or county)<br><i>Thurmont Fred. Co. Md</i>  |  | 24E. STATE<br><i>MD</i>   |  | 24F. FUNERAL DIRECTOR<br><i>W. L. Greger</i>  |  |
| 24G. DATE RECEIVED BY LOCAL REGISTRAR<br><i>JAN 25 1951</i>  |  | 24H. REGISTRAR'S SIGNATURE<br><i>W. L. Greger</i>   |  | 24I. ADDRESS<br><i>Thurmont Md</i>  |  |

51 0758 075792B



162  
0759BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 0759  
Registered No.

|   |                           |  |   |
|---|---------------------------|--|---|
| 1. NAME OF DECEASED<br>(Type or Print)  |                           | 2. DATE OF DEATH   |   |
| Conrad Seeburger  |                           | Jan. 23, 1951  |   |
| 3. PLACE OF DEATH:<br>a. Baltimore City, Maryland   |                           | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE Maryland B. COUNTY |   |
| b. FULL NAME OF HOSPITAL OR INSTITUTION<br>5306 Hamlet Ave  |                           | c. CITY OR TOWN<br>Baltimore   |   |
| d. Length of stay in Baltimore  |                           | e. STREET ADDRESS (If rural, give location)<br>5306 Hamlet Avenue  |   |
| 5. SEX<br>male  | 6. COLOR OR RACE<br>white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br>widowed   | 8. DATE OF BIRTH<br>May 17, 1864                          |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Retired Emp.   |                           | 10b. KIND OF BUSINESS OR INDUSTRY<br>Shoe Mfg.   | 9. AGE (In years last birthday)<br>86                     |
| 11. BIRTHPLACE (State or foreign country)<br>Germany  |                           | 12. CITIZEN OF WHAT COUNTRY?   |   |
| 13. FATHER'S NAME<br>?  |                           | 14. MOTHER'S MAIDEN NAME<br>?  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)  |                           | 16. SOCIAL SECURITY NO.<br>9   | 17. INFORMANT ADDRESS<br>Mr. John Seeburger - 5306 Hamlet |
| 18. 447X<br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br>CAUSE OF DEATH<br>(A) Chronic Myocarditis<br>DUE TO<br>(B) Hypertension<br>(C) Pulmonary Edema<br>INTERVAL BETWEEN ONSET AND DEATH<br>6 years<br>4 years<br>4 days |                           |  |   |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   |                           |  |   |
| 19a. DATE OF OPERATION<br>None  |                           | 19b. MAJOR FINDINGS OF OPERATION   |   |
| 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>  |                           |  |   |
| 21a. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH   |                           | 21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)<br>None                    |   |
| 21c. WHERE DID INJURY OCCUR?  |                           | (If in Baltimore City, give exact location)  |   |
| 21d. TIME (Month) (Day) (Year) (Hour) OF INJURY<br>None   |                           | 21e. INJURY OCCURRED<br>WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK            |   |
| 21f. HOW DID INJURY OCCUR?  |                           |  |   |
| 22. I hereby certify that I attended the deceased from Jan 16 - 1951, to Jan 23 - 1951, that I last saw the deceased alive on Jan 23 - 1951, and that death occurred at 7 P. M., from the causes and on the date stated above.  |                           |  |   |
| 23a. SIGNATURE<br>R. L. Gandy   |                           | 23b. ADDRESS<br>M. D. 5706 Harford Rd  |   |
| 23c. DATE SIGNED<br>1-24-51   |                           |  |   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial   |                           | 24b. DATE<br>1/26/51   |   |
| 24c. NAME OF CEMETERY OR CREMATORY<br>Holy Cross  |                           | 24d. LOCATION (City, town, or county) (State)<br>Brooklyn Md   |   |
| DATE RECEIVED BY LOCAL REGISTRAR<br>JAN 25 1951   |                           | REGISTRAR'S SIGNATURE<br>L. J. Luck  |   |
| 25. FUNERAL DIRECTOR<br>L. J. Luck  |                           | ADDRESS<br>5305 Harford Rd.  |   |

Dr. Gordy.

AB-145028

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0760

Registered No.

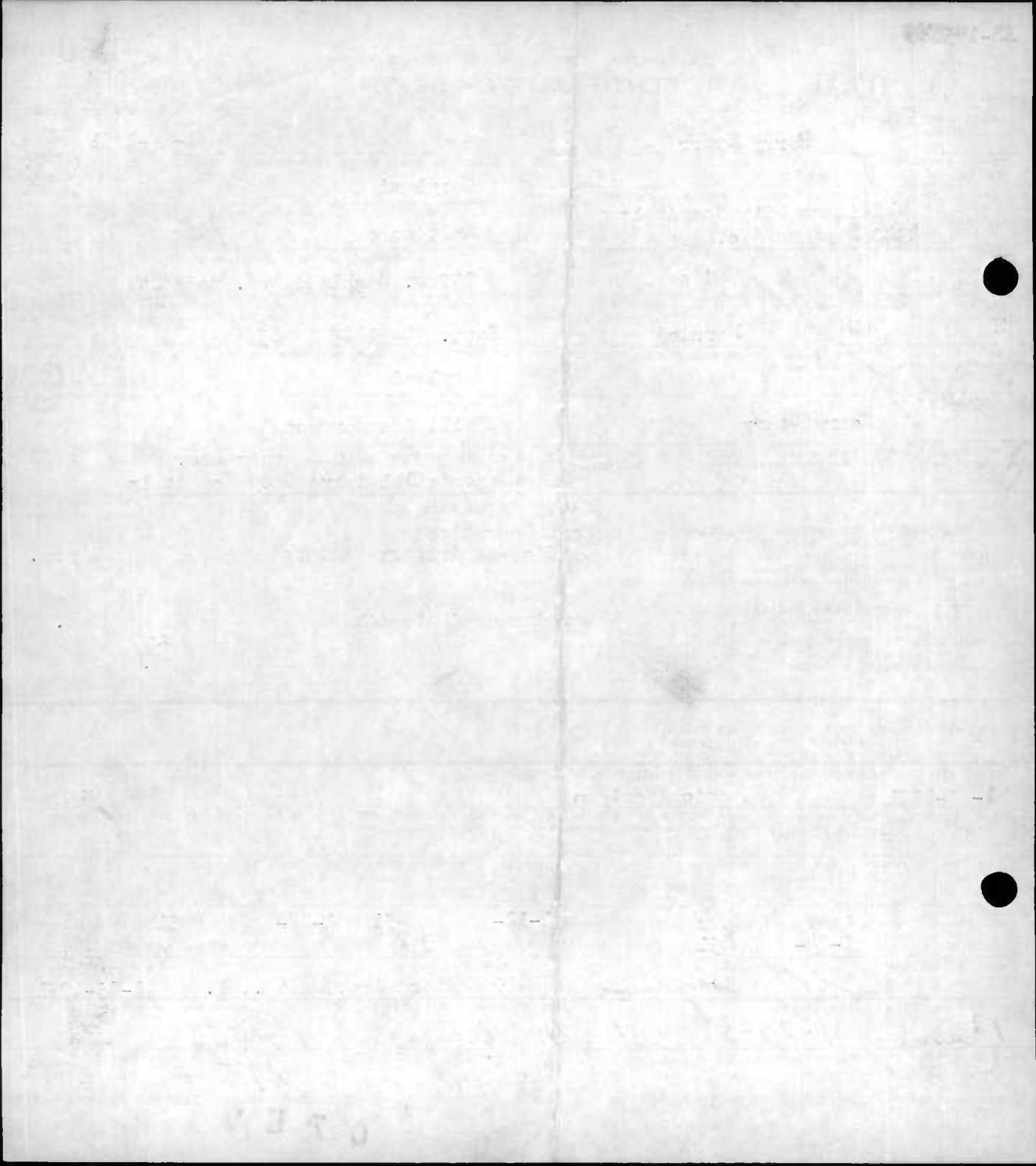
|   |                              |   |  |  |   |
|---|------------------------------|---|--|--|---|
| 1. NAME OF DECEASED<br>(Type or Print) <b>Harry Starr</b>   |                              |   | 2. DATE OF DEATH<br><b>1-24-1951</b>   |  |   |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland   |                              |   | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>Maryland</b><br>B. COUNTY |  |   |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)<br><b>Baltimore City Hospitals</b><br><b>4940 Eastern Ave.</b> |                              |   | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore</b>                               |  |   |
| D. LENGTH OF STAY IN BALTIMORE<br><b>Life</b>   |                              |   | E. STREET ADDRESS (If rural, give location)<br><b>237 S. Highland Ave. zone 24</b>   |  |   |
| 5. SEX<br><b>M</b>  | 6. COLOR OR RACE<br><b>W</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b> | 8. DATE OF BIRTH<br><b>Sept. 24- 1885</b>  | 9. AGE (In years last birthday)<br><b>65</b> | 10. Under 1 Year<br>Months: Days: Hours: Min. |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>SALESMAN</b>                                      |                              |   | 10B. KIND OF BUSINESS OR INDUSTRY<br><b>FISH CO (W)</b>  |  |   |
| 11. BIRTHPLACE (State or foreign country)<br><b>Maryland</b>  |                              |   | 12. CITIZEN OF WHAT COUNTRY?   |  |   |
| 13. FATHER'S NAME<br><b>Henry Starr</b>   |                              |   | 14. MOTHER'S MAIDEN NAME<br><b>Philipina Hammann</b>   |  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)  |                              |   | 16. SOCIAL SECURITY NO.  |  |   |
| 17. INFORMANT <b>4940 Eastern Ave. ADDRESS</b><br><b>Records: Baltimore City Hospitals</b>  |                              |   |  |  |   |

|  |  |  |
|--|--|--|
| 1B. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>151X I</b> | CAUSE OF DEATH<br><b>Post Operative</b><br>(A) <b>Cardio Respiratory Failure</b><br>DUE TO<br>(B) <b>Carcinoma of Stomach</b><br>DUE TO<br>(C) | INTERVAL BETWEEN ONSET AND DEATH<br><b>24hrs.</b><br><b>1yr.</b> |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  |  |  |

|  |   |   |
|--|---|---|
| 19A. DATE OF OPERATION<br><b>1-23-1951</b>   | 19B. MAJOR FINDINGS OF OPERATION<br><b>Gastric Neoplasm</b>   | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH<br><input type="checkbox"/>  | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)                 | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)            |
| 21D. TIME (Month) (Day) (Year) (Hour)<br>INJURY  | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21F. HOW DID INJURY OCCUR?  |
| 22. I hereby certify that I attended the deceased from <b>1-12-</b> , 19 <b>51</b> , to <b>1-24-</b> , 19 <b>51</b> that I last saw the deceased alive on <b>1-24-</b> , 19 <b>51</b> , and that death occurred at <b>3 P.m.</b> , from the causes and on the date stated above. |   |   |
| 23A. SIGNATURE<br><b>P. S. Poyen</b>   | 23B. ADDRESS<br>M. O. <b>4940 Eastern Ave., Balto., Md.</b>   | 23C. DATE SIGNED<br><b>1-25-1951</b>  |

|  |   |   |  |
|--|---|---|--|
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> | 24B. DATE<br><b>1-27-51</b>                 | 24C. NAME OF CEMETERY OR CREMATORY<br><b>St. Matthias</b> | 24D. LOCATION (City, town, or county) (State)<br><b>Balto.</b> |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>JAN 25 1951</b>     | REGISTRAR'S SIGNATURE<br><b>[Signature]</b> | 25. FUNERAL DIRECTOR<br><b>Lilly &amp; Son</b>            | ADDRESS<br><b>903 S. Wolfe St.</b>                             |

0510000759 0466





160  
51 0761BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 0761  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

John Edward LaBarre

2. DATE  
OF  
DEATH

Jan. 23/1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

2721 Wilkens Ave.

Yrs.  
Mos.  
Days

C. Length of stay in Baltimore

Life

5. SEX

male white

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)married  
AMERICAN INDUSTRY  
Store-Bakery

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Utility Man

13. FATHER'S NAME

George L. LaBarre

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

Yes, no or unknown

16. SOCIAL  
SECURITY NO.

217-09-3844 Naomi

17. INFORMANT

ADDRESS

LaBarre - Same

18. 002X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Bilateral pulmonary Tuberculosis

INTERVAL BETWEEN  
ONSET AND DEATH

10 mos

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1950, to Jan 23, 1951, that I last saw the deceased alive on Jan 22, 1951, and that death occurred at 3 A. M., from the causes and on the date stated above.

23A. SIGNATURE

J. McCallum

23B. ADDRESS

M. D.

3321 Trubach Ave

23C. DATE SIGNED

1/25/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Buried

24B. DATE

Jan 26/51

24C. NAME OF CEMETERY OR CREMATORY

New Leatheden 26

24D. LOCATION (City, town, or county)

Baltimore - Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

B. W. W. W. W. W.

ADDRESS

1300 E. Howard

State of Texas, County of \_\_\_\_\_

Do hereby certify that \_\_\_\_\_

is the true and correct \_\_\_\_\_

of the \_\_\_\_\_

\_\_\_\_\_

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250  
51 0762

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 551 0762

BIRTH NO.

|  |                       |  |                                 |
|--|-----------------------|--|---------------------------------|
| 1. NAME OF DECEASED<br>(Type or Print) John Jackson  |                       | 2. DATE OF DEATH Jan. 19, 1951   |                                 |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland Baltimore City   |                       | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE Maryland B. COUNTY |                                 |
| B. FULL NAME OF HOSPITAL OR INSTITUTION<br>2204 Hunter Street  |                       | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br>Baltimore City 12-04                 |                                 |
| C. Length of stay in Baltimore Life  |                       | D. STREET ADDRESS (If rural, give location)<br>2204 Hunter Street  |                                 |
| 5. SEX Male  | 6. COLOR OR RACE Col. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed  | 8. DATE OF BIRTH Sept. 19, 1883 |
| 9. AGE (In year - last birthday) 67  |                       | 10. UNDER 1 Year Months Days   | 10. UNDER 24 Hours Hours Min.   |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Unemployed LABORER  |                       | 10B. KIND OF BUSINESS OR INDUSTRY<br>None - 600 JONES  |                                 |
| 11. BIRTHPLACE (State or foreign country)<br>Baltimore Md  |                       | 12. CITIZEN OF WHAT COUNTRY?<br>U.S.A.   |                                 |
| 13. FATHER'S NAME<br>Andrew Canyser  |                       | 14. MOTHER'S MAIDEN NAME<br>Unknown  |                                 |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No   |                       | 16. SOCIAL SECURITY NO.  |                                 |
| 17. INFORMATION ADDRESS<br>Cecelia Camper 1122 Warner Street   |                       |  |                                 |
| 18. 331X<br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br>ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br>II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. |                       | CAUSE OF DEATH<br>(A) Apoplexy with<br>Arteritis & Carditis<br>(B)<br>(C)  |                                 |
| 19A. DATE OF OPERATION   |                       | 19B. MAJOR FINDINGS OF OPERATION   |                                 |
| 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>   |                       |  |                                 |
| 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)   |                       | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)                            |                                 |
| 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)   |                       |  |                                 |
| 21D. TIME (Month) (Day) (Year) (Hour) INJURY   |                       | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>            |                                 |
| 21F. HOW DID INJURY OCCUR?   |                       |  |                                 |
| 22. I hereby certify that I attended the deceased from 1-19-51 to 1-19-51, 1951, that I last saw the deceased alive on 1-19-51, and that death occurred at 12:30 P.M., from the causes and on the date stated above.   |                       |  |                                 |
| 23A. SIGNATURE<br>Jan. R. Blake  |                       | 23B. ADDRESS<br>1603-N. Caroline   |                                 |
| 23C. DATE SIGNED<br>1-21-51  |                       |  |                                 |
| 24A. BURIAL/CREMATION, REMOVAL (Specify)<br>Burial   |                       | 24B. DATE<br>1/26/1951   |                                 |
| 24C. NAME OF CEMETERY OR CREMATORY<br>Mt Calvary Cem.  |                       | 24D. LOCATION (City, town, or county) (State)<br>Brooklyn Md   |                                 |
| DATE RECEIVED BY LOCAL REGISTRAR   |                       | REGISTRAR'S SIGNATURE<br>Eugene Wilson   |                                 |
| 25. FUNERAL DIRECTOR<br>Eugene Wilson  |                       | ADDRESS<br>1000 Brantly Ave  |                                 |

JAN 25 1951

55099 000 0761 095-c

WALKLEY'S  
CONCRETE  
BLOCKS  
CO.

0581

| BALTIMORE CITY HEALTH DEPARTMENT<br>CERTIFICATE OF DEATH   |   |   |   | 51 0763<br>Registered No.   |
|--|---|---|---|---|
| 54<br>Hospital Disposal<br>BIRTH NO. 57-01354  |   | Baby Mc Millan  |   |   |
| 1. NAME OF DECEASED<br>(Type or Print)   |   | 2. DATE OF DEATH<br>Jan. 19, 1951   |   |   |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland  |   | 4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)<br>A. STATE Md. B. COUNTY |   |   |
| 5. FULL NAME OF HOSPITAL OR INSTITUTION<br>JOHN HOPKINS HOSPITAL   |   | C. CITY OR TOWN (If outside corporate limits, write R.U.R.L. and give township)<br>Baltimore 5-01               |   |   |
| 6. Length of stay in Baltimore   |   | D. STREET ADDRESS (If rural, give location)<br>428 Eden St N.   |   |   |
| 7. SEX<br>male   | 8. COLOR OR RACE<br>Colored   | 9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br>Child  | 10. DATE OF BIRTH<br>1-15-51                  | 11. AGE (In years last birthday)<br>4   |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  |   | 10B. KIND OF BUSINESS OR INDUSTRY   |   | 12. CITIZEN OF WHAT COUNTRY?  |
| 13. FATHER'S NAME<br>Luther Mc Millan  |   | 14. MOTHER'S MAIDEN NAME<br>Julia Melvin?   |   |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)  |   | 16. SOCIAL SECURITY NO.   |   |   |
| 17. INFORMANT<br>JOHN HOPKINS HOSPITAL   |   | ADDRESS   |   |   |
| 18. 754.4<br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)<br><br>CAUSE OF DEATH<br>(A) Congenital Cyanotic Heart Disease<br>DUE TO<br><br>(B)<br>DUE TO<br><br>(C)<br><br>INTERVAL BETWEEN ONSET AND DEATH |   |   |   |   |
| 19. 754.4<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><br>ANTECEDENT CAUSES<br><br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   |   |   |   |   |
| 19A. DATE OF OPERATION<br>2  |   | 19B. MAJOR FINDINGS OF OPERATION  |   | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 21A. ACCIDENT WAS UNDER-<br>LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/><br>CAUSE OF DEATH  | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)  |   |   |
| 21D. TIME (Month) (Day) (Year) (Hour)<br>OF INJURY   | 21E. INJURY OCCURRED<br>WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK | 21F. HOW DID INJURY OCCUR?  |   |   |
| 22. I hereby certify that I attended the deceased from 1/15/51 to 1/19/51, that I last saw the deceased alive on 1/19/51, and that death occurred at 2:15 P.M., from the causes and on the date stated above.  |   |   |   |   |
| 23A. SIGNATURE<br>Henry M. Seidel M.D.   |   | 23B. ADDRESS<br>JOHN HOPKINS HOSPITAL   |   | 23C. DATE SIGNED<br>1/21/51   |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)  | 24B. DATE   | 24C. NAME OF CEMETERY OR CREMATORY<br>Hoff DeForest   | 24D. LOCATION (City, town, or county) (State) |   |
| DATE RECEIVED BY LOCAL REGISTRAR<br>JAN 26 1951  | REGISTRAR'S SIGNATURE   | 25. FUNERAL DIRECTOR  |   | ADDRESS   |

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THE UNIVERSITY OF CHICAGO  
LIBRARY

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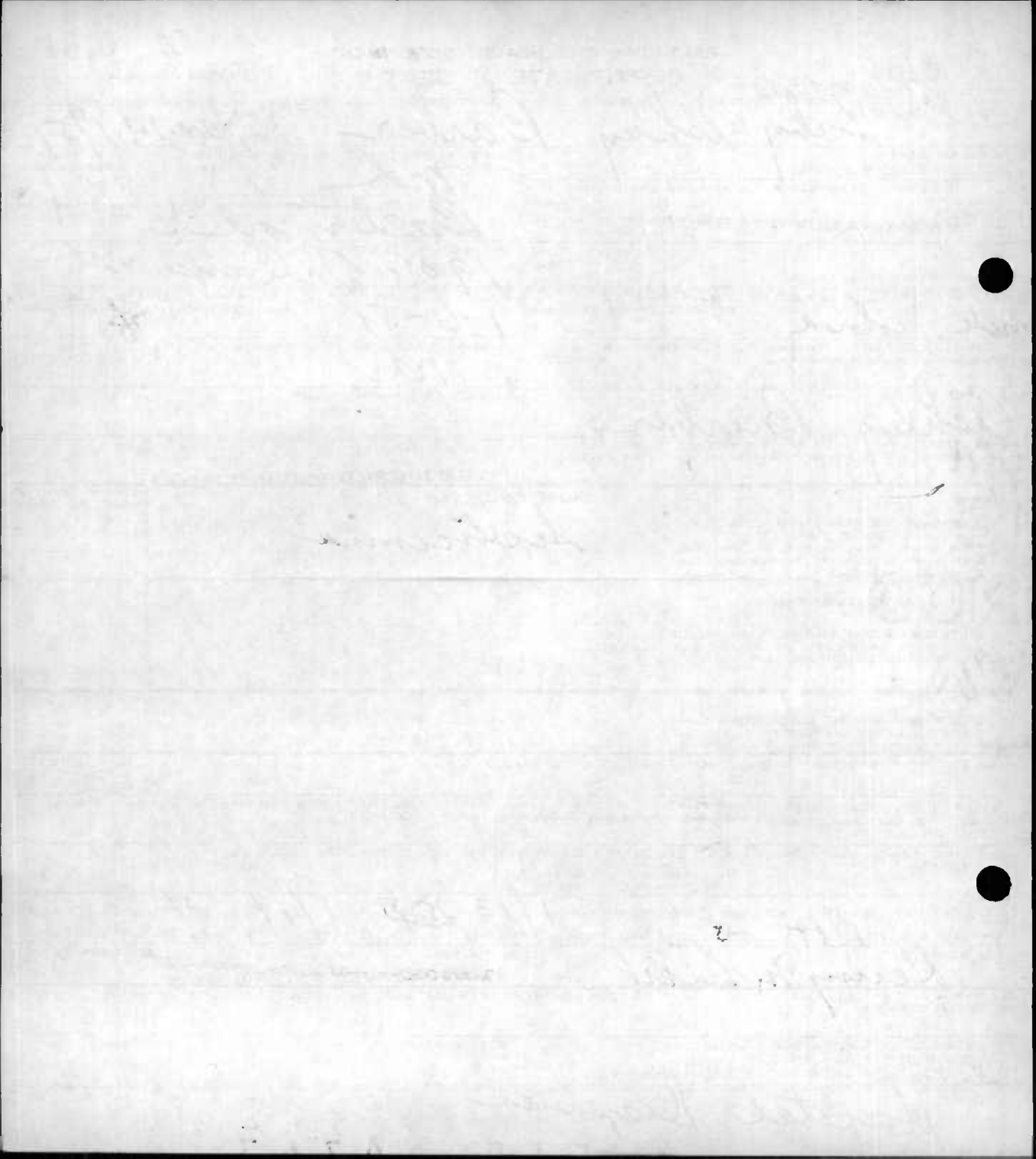
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|--|--|--|--|--|--|
| 51 0764  |  | BALTIMORE CITY HEALTH DEPARTMENT   |  | 51 0764  |  |
| BIRTH NO. 51-005-232   |  | CERTIFICATE OF DEATH   |  | Registered No.   |  |
| 1. NAME OF DECEASED (Type or Print) Baby Ashley Barber   |  | 2. DATE OF DEATH Jan. 14, 1951   |  |  |  |
| 3. PLACE OF DEATH: A. Baltimore City, Maryland   |  | 4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) Md. Baltimore 6-04     |  |  |  |
| B. FULL NAME OF HOSPITAL OR INSTITUTION THE JOHNS HOPKINS HOSPITAL   |  | C. CITY OF TOWN (If outside corporate limits, write RURAL and give township)                                 |  |  |  |
| D. STREET ADDRESS (If rural, give location) 1904 Orleans St  |  | E. DATE OF BIRTH 1-6-51  |  | 9. AGE (In years last birthday) 8  |  |
| F. SEX male  |  | G. COLOR OR RACE colored   |  | H. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  |  |
| I. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  |  | J. KIND OF BUSINESS OR INDUSTRY  |  | K. BIRTHPLACE (State or foreign country) Md.   |  |
| L. CITIZEN OF WHAT COUNTRY?  |  | M. FATHER'S NAME Ashley Barber   |  | N. MOTHER'S MAIDEN NAME  |  |
| O. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)  |  | P. SOCIAL SECURITY NO.   |  | Q. INFORMANT ADDRESS THE JOHNS HOPKINS HOSPITAL  |  |
| R. 768.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)                   |  | S. CAUSE OF DEATH Septicemia   |  | T. INTERVAL BETWEEN ONSET AND DEATH  |  |
| U. ANTECEDENT CAUSES   |  | V. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. |  | W. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. |  |
| X. DATE OF OPERATION   |  | Y. MAJOR FINDINGS OF OPERATION   |  | Z. AUTOPSY? YES NO   |  |
| AA. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH   |  | AB. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                      |  | AC. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)  |  |
| AD. TIME (Month) (Day) (Year) (Hour) OF INJURY   |  | AE. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK  |  | AF. HOW DID INJURY OCCUR?  |  |
| AG. I hereby certify that I attended the deceased from 1/13/51, 1951, to 1/14, 1951, that I last saw the deceased alive on 1/14, 1951, and that death occurred at 6:00 m., from the causes and on the date stated above. |  | AH. SIGNATURE Henry M. Smith M. D.   |  | AI. ADDRESS THE JOHNS HOPKINS HOSPITAL   |  |
| AJ. BURIAL, CREMATION, REMOVAL (Specify)   |  | AK. DATE   |  | AL. NAME OF CEMETERY OR CREMATORY  |  |
| AM. LOCATION (City, town, or county)   |  | AN. DATE RECEIVED BY LOCAL REGISTRAR JAN 26 1951   |  | AO. REGISTRAR'S SIGNATURE  |  |
| AP. FUNERAL DIRECTOR   |  | AQ. ADDRESS  |  | AR. VS 150   |  |
| AS. Hospital Disposal  |  | AT. 1614   |  |  |  |





|  |                                  |   |  |   |  |
|--|----------------------------------|---|--|---|--|
| <div style="font-size: 2em; font-weight: bold;">643</div> <div style="font-size: 1.5em; font-weight: bold;">51-0765</div>  |                                  | <b>BALTIMORE CITY HEALTH DEPARTMENT</b><br><b>CERTIFICATE OF DEATH</b>                                    |  | <div style="font-size: 1.5em; font-weight: bold;">51-0765</div><br>Registered No.   |  |
| 1. NAME OF DECEASED<br>(Type or Print) <b>Baby Boy Carlton (Ruby)</b>  |                                  |   |  | 2. DATE OF DEATH <b>Jan. 17, 1951</b>   |  |
| 3. PLACE OF DEATH:<br>A. <b>Baltimore City, Maryland</b>   |                                  |   |  | 4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)<br>A. STATE <b>Maryland</b> B. COUNTY |  |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR <b>Baltimore City Hospitals</b><br>INSTITUTION <b>4940 Eastern Avenue</b>  |                                  |   |  | C. CITY OR TOWN (If outside corporate limits, write FULL and give township)<br><b>Baltimore</b>                             |  |
| D. STREET ADDRESS (If rural, give location)<br><b>1133 Brewer St. (17)</b>   |                                  |   |  | 5. LENGTH OF STAY IN BALTIMORE <b>Life</b>  |  |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>Negro</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Single</b>  | 8. DATE OF BIRTH<br><b>Jan. 17, 1951</b>                     |   |  |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  |                                  |   | 11. BIRTHPLACE (State or foreign country)<br><b>Maryland</b> |   |  |
| 10B. KIND OF BUSINESS OR INDUSTRY  |                                  |   | 12. CITIZEN OF WHAT COUNTRY?                                 |   |  |
| 13. FATHER'S NAME<br><b>Devone Carlton</b>   |                                  |   | 14. MOTHER'S MAIDEN NAME<br><b>Ruby Kellum</b>               |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)  |                                  |   | 16. SOCIAL SECURITY NO.                                      |   |  |
| 17. INFORMANT<br><b>Baltimore City Hospitals</b>   |                                  |   | ADDRESS<br><b>Records: 4940 Eastern Avenue</b>               |   |  |
| 18. <b>760.0</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Intracranial Hemorrhage</b><br>DUE TO (A)                 |                                  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>10 hr. 58 min.</b>   |  |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br>DUE TO (B)   |                                  |   |  |   |  |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.<br>DUE TO (C)  |                                  |   |  |   |  |
| 19A. DATE OF OPERATION<br><b>2</b>   |                                  | 19B. MAJOR FINDINGS OF OPERATION  |  | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>   |  |
| 21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH  |                                  | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                  |  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)  |  |
| 21D. TIME (Month) (Day) (Year) (Hour) INJURY   |                                  | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21F. HOW DID INJURY OCCUR?  |  |
| 22. I hereby certify that I attended the deceased from <b>1-17-</b> , 19 <b>51</b> , to <b>1-17</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>1-17</b> , 19 <b>51</b> , and that death occurred at <b>11:35 am</b> , from the causes and on the date stated above. |                                  |   |  |   |  |
| 23A. SIGNATURE<br><i>[Signature]</i>   |                                  | 23B. ADDRESS<br>M. D. <b>4940 Eastern Avenue</b>  |  | 23C. DATE SIGNED<br><b>1-22-51</b>  |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Cremated</b>   |                                  | 24B. DATE<br><b>1-20-51</b>   |  | 24C. NAME OF CEMETERY OR CREMATORY<br><b>Balto. Hosp. Crematory</b>   |  |
| 24D. LOCATION (City, town, or county) (State)<br><b>4940 Eastern Ave.</b>  |                                  |   |  |   |  |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>JAN 26 1951</b>   |                                  | REGISTRAR'S SIGNATURE<br><i>[Signature]</i>   |  | 25. FUNERAL DIRECTOR ADDRESS  |  |



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

51 0766  
Registered No.

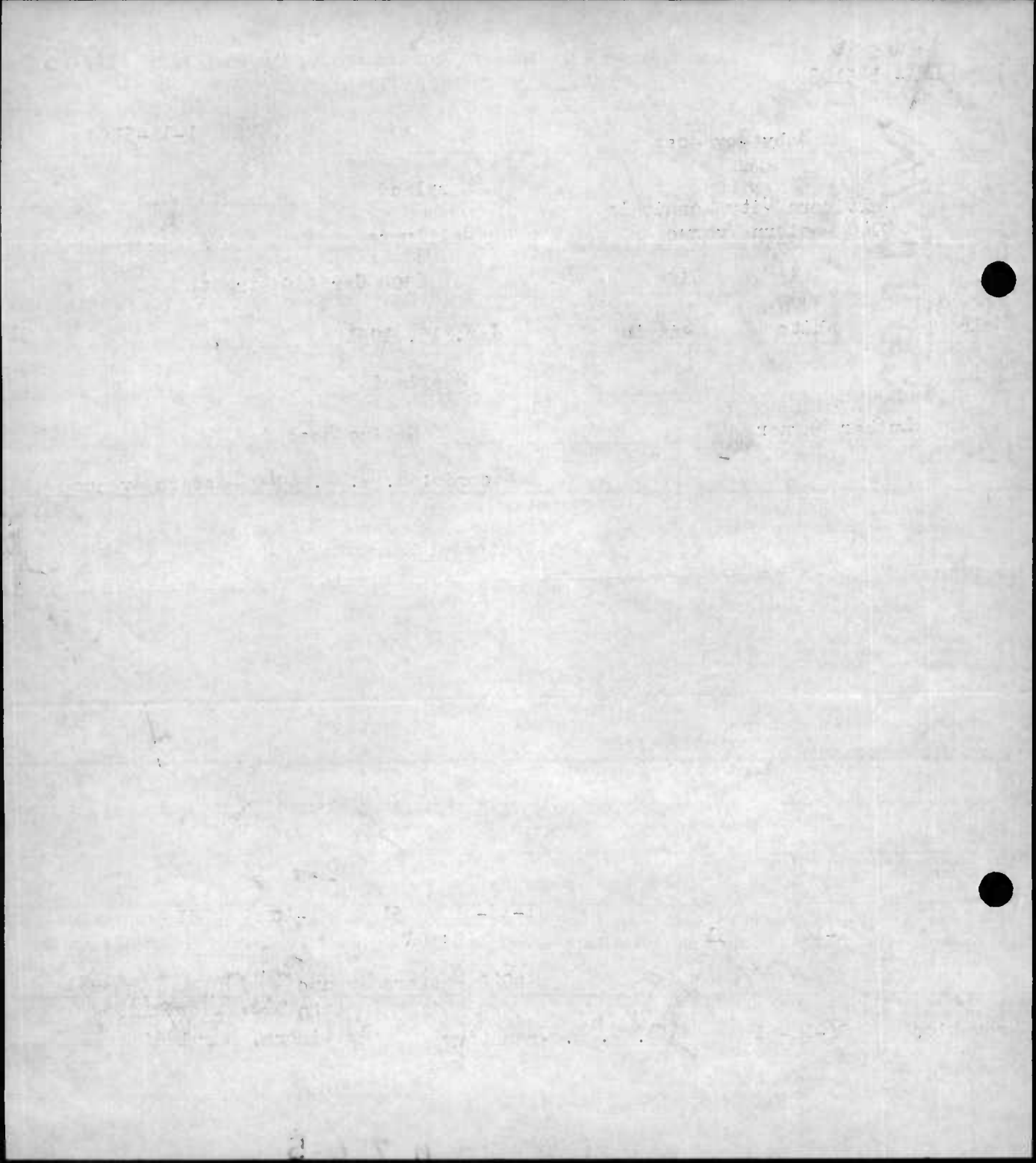
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51-01272  
145108  
BIRTH NO. 51-01272

|  |  |  |  |
|--|--|--|--|
| 1. NAME OF DECEASED<br>(Type or Print)<br><b>Baby Boy Ross</b>   |  | 2. DATE OF DEATH<br><b>1-16-51</b>   |  |
| 3. PLACE OF DEATH:<br>A. <b>Baltimore City, Maryland</b>   |  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>Maryland</b><br>B. COUNTY |  |
| B. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location)<br><b>Baltimore City Hospitals</b><br><b>4940 Eastern Avenue</b> |  | C. CITY OR TOWN (If outside corporate limits, ward, or village, give township)<br><b>Baltimore</b>                             |  |
| D. STREET ADDRESS (If rural, give location)<br><b>6304 Cardiff Street</b>  |  |  |  |
| 5. SEX<br><b>Male</b>  |  | 6. COLOR OR RACE<br><b>White</b>   |  |
| 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Single</b>   |  | 8. DATE OF BIRTH<br><b>Jan. 15, 1951</b>   |  |
| 9. AGE (In years last birthday)<br><b>26-36</b>  |  | 10. CITIZEN OF WHAT COUNTRY?<br><b>4 31</b>  |  |
| 11. BIRTHPLACE (State or foreign country)<br><b>Maryland</b>   |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>4 31</b>  |  |
| 13. FATHER'S NAME<br><b>Luther Wagner</b>  |  | 14. MOTHER'S MAIDEN NAME<br><b>Maxine Ross</b>   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)<br><b>(If yes, give war or dates of service)</b>   |  | 16. SOCIAL SECURITY NO.  |  |
| 17. INFORMANT<br><b>Records: B. C. H. 4940 Eastern Avenue</b>  |  | ADDRESS  |  |

|   |  |   |
|---|--|---|
| 18. CAUSE OF DEATH<br><b>760.0</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Sub-Tentorial Hemorrhage</b><br>DUE TO<br><b>Life</b> |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>Life</b> |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   |  |   |

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| 19A. DATE OF OPERATION<br><b>2</b>   |  | 19B. MAJOR FINDINGS OF OPERATION  |  | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |  |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH<br><input type="checkbox"/>  |  | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)                 |  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)            |  |
| 21D. TIME (Month) (Day) (Year) (Hour) INJURY   |  | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21F. HOW DID INJURY OCCUR?  |  |
| 22. I hereby certify that I attended the deceased from <b>1-15-</b> , <b>51</b> , to <b>1-16</b> , <b>51</b> , that I last saw the deceased alive on <b>1-16</b> , <b>51</b> , and that death occurred at <b>2:30A</b> m., from the causes and on the date stated above. |  |   |  |   |  |
| 23A. SIGNATURE<br><b>R. S. Prosen</b><br>M. D.   |  | 23B. ADDRESS<br><b>4940 Eastern Avenue</b>  |  | 23C. DATE SIGNED<br><b>1-19-51</b>  |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Cremation</b>  |  | 24B. DATE<br><b>1-18-51</b>   |  | 24C. NAME OF CEMETERY OR CREMATORY<br><b>B. C. H. Crematory</b>                     |  |
| 24D. LOCATION (City, town, or county) (State)<br><b>Baltimore, Maryland</b>  |  | 25. FUNERAL DIRECTOR ADDRESS  |  |   |  |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>JAN 26 1951</b>   |  | REGISTRAR'S SIGNATURE<br><b>William H. Williams</b>   |  | 25. FUNERAL DIRECTOR ADDRESS  |  |

160c.



265  
51 0787  
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 0787  
Registered No.

|   |  |  |  |
|---|--|--|--|
| 1. NAME OF DECEASED<br>(Type or Print) <b>Hattie LeGRAND</b>  |  | 2. DATE OF DEATH <b>Jan. 24, 1951</b>  |  |
| 3. PLACE OF DEATH:<br>A. <b>Baltimore City, Maryland</b><br>B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Franklin Square Hospital</b>   |  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>Maryland</b> B. COUNTY <b>19-01</b><br>C. CITY OR TOWN (If outside corporate limits, write full name and give township) <b>Baltimore</b><br>D. STREET ADDRESS (If rural, give location) <b>311 N. Bruce St.</b> |  |
| 5. SEX <b>Female</b> 6. COLOR OR RACE <b>Colored</b> 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>   |  | 8. DATE OF BIRTH <b>1905</b> 9. AGE (In years last birthday) <b>46 yrs</b> 10. UNDER 1 Year Months: Days 11. UNDER 24 Hours Hours: Min.  |  |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Domestic</b> 10B. KIND OF BUSINESS OR INDUSTRY <b>House work</b>   |  | 11. BIRTHPLACE (State or foreign country) <b>Rockingham N. C.</b> 12. CITIZEN OF WHAT COUNTRY?   |  |
| 13. FATHER'S NAME <b>Preston Little</b>   |  | 14. MOTHER'S MAIDEN NAME <b>Mary Little</b>  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)  |  | 16. SOCIAL SECURITY NO. <b>311-415-151</b>   |  |
| 18. <b>416 X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Cardiac failure</b><br>DUE TO <b>rheumatic heart disease</b><br>ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><b>II</b><br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. |  | INTERVAL BETWEEN ONSET AND DEATH   |  |
| 19A. DATE OF OPERATION  |  | 19B. MAJOR FINDINGS OF OPERATION   |  |
| 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |  |  |  |
| 21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.  |  | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)  |  |
| 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)  |  | 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  |  |
| 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  | 21F. HOW DID INJURY OCCUR?   |  |
| 22. I certify that I took charge of the remains described above, held an <b>Inspection &amp; Inq.</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .   |  |  |  |
| 23A. SIGNATURE <b>Stanley S. Dunscheer</b> M.D.   |  | 23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>  |  |
| 23C. DATE SIGNED <b>Jan. 25, 1951</b>   |  |  |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>   |  | 24B. DATE <b>1/28/51</b>   |  |
| 24C. NAME OF CEMETERY OR CREMATORY <b>Wiggins Chapel</b>  |  | 24D. LOCATION (City, town, or county) (State) <b>Rockingham N. C.</b>  |  |
| DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 26 1951</b>   |  | REGISTRAR'S SIGNATURE <b>W. J. Williams</b>  |  |
| 25. FUNERAL DIRECTOR <b>Metropolitan Funeral Home Inc.</b>  |  | ADDRESS <b>1949 Edmonson Ave.</b>  |  |

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

|                            |  |                            |  |                           |  |
|----------------------------|--|----------------------------|--|---------------------------|--|
| 1. Name of deceased        |  | 2. Sex                     |  | 3. Age                    |  |
| 4. Date of death           |  | 5. Time of death           |  | 6. Place of death         |  |
| 7. Cause of death          |  | 8. Manner of death         |  | 9. Signature of physician |  |
| 10. Signature of registrar |  | 11. Signature of informant |  | 12. Date of registration  |  |
| 13. Name of funeral home   |  | 14. Name of cemetery       |  | 15. Name of burial place  |  |
| 16. Name of next of kin    |  | 17. Name of executor       |  | 18. Name of administrator |  |
| 19. Name of guardian       |  | 20. Name of trustee        |  | 21. Name of beneficiary   |  |
| 22. Name of heir           |  | 23. Name of legatee        |  | 24. Name of devisee       |  |
| 25. Name of testator       |  | 26. Name of witness        |  | 27. Name of notary        |  |
| 28. Name of clerk          |  | 29. Name of recorder       |  | 30. Name of auditor       |  |
| 31. Name of treasurer      |  | 32. Name of assessor       |  | 33. Name of collector     |  |
| 34. Name of surveyor       |  | 35. Name of engineer       |  | 36. Name of architect     |  |
| 37. Name of contractor     |  | 38. Name of carpenter      |  | 39. Name of cooper        |  |
| 40. Name of joiner         |  | 41. Name of painter        |  | 42. Name of plasterer     |  |
| 43. Name of bricklayer     |  | 44. Name of mason          |  | 45. Name of stone mason   |  |
| 46. Name of metal worker   |  | 47. Name of blacksmith     |  | 48. Name of cooper        |  |
| 49. Name of harness maker  |  | 50. Name of saddler        |  | 51. Name of shoemaker     |  |
| 52. Name of hatter         |  | 53. Name of druggist       |  | 54. Name of pharmacist    |  |
| 55. Name of optician       |  | 56. Name of dentist        |  | 57. Name of veterinarian  |  |
| 58. Name of teacher        |  | 59. Name of minister       |  | 60. Name of priest        |  |
| 61. Name of rabbi          |  | 62. Name of imam           |  | 63. Name of cantor        |  |
| 64. Name of cantor         |  | 65. Name of cantor         |  | 66. Name of cantor        |  |
| 67. Name of cantor         |  | 68. Name of cantor         |  | 69. Name of cantor        |  |
| 70. Name of cantor         |  | 71. Name of cantor         |  | 72. Name of cantor        |  |
| 73. Name of cantor         |  | 74. Name of cantor         |  | 75. Name of cantor        |  |
| 76. Name of cantor         |  | 77. Name of cantor         |  | 78. Name of cantor        |  |
| 79. Name of cantor         |  | 80. Name of cantor         |  | 81. Name of cantor        |  |
| 82. Name of cantor         |  | 83. Name of cantor         |  | 84. Name of cantor        |  |
| 85. Name of cantor         |  | 86. Name of cantor         |  | 87. Name of cantor        |  |
| 88. Name of cantor         |  | 89. Name of cantor         |  | 90. Name of cantor        |  |
| 91. Name of cantor         |  | 92. Name of cantor         |  | 93. Name of cantor        |  |
| 94. Name of cantor         |  | 95. Name of cantor         |  | 96. Name of cantor        |  |
| 97. Name of cantor         |  | 98. Name of cantor         |  | 99. Name of cantor        |  |
| 100. Name of cantor        |  | 101. Name of cantor        |  | 102. Name of cantor       |  |



350

51 0768

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0768

Registered No.

BIRTH NO.

|   |                                    |   |  |
|---|------------------------------------|---|--|
| 1. NAME OF DECEASED<br>(Type or Print) <b>Olive Romaine Latney</b>  |                                    | 2. DATE OF DEATH<br><b>Jan. 23, 1951</b>  |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland   |                                    | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>Maryland</b> B. COUNTY |  |
| B. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>212 W. Chase St</b>   |                                    | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore</b>                            |  |
| C. Length of stay in Baltimore<br>Yrs. Mos. Days  |                                    | D. STREET ADDRESS (If rural, give location)<br><b>212 W. Chase St.</b>  |  |
| 5. SEX<br><b>Female</b>   | 6. COLOR OR RACE<br><b>Colored</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b>   | 8. DATE OF BIRTH<br><b>Jan. 2, 1894</b>      |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b> |                                    | 10B. KIND OF BUSINESS OR INDUSTRY   | 9. AGE (In years last birthday)<br><b>57</b> |
| 13. FATHER'S NAME<br><b>Moses Smith</b>   |                                    | 11. BIRTHPLACE (State or foreign country)<br><b>Maryland</b>  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)        |                                    | 12. CITIZEN OF WHAT COUNTRY?<br><b>U. S. A.</b>   |  |
| 16. SOCIAL SECURITY NO.   |                                    | 14. MOTHER'S MAIDEN NAME<br><b>Esther Ranson</b>  |  |
| 17. INFORMANT<br><b>Mr Rylon O. Smith</b>   |                                    | ADDRESS<br><b>212 W. Chase St.</b>  |  |

|   |  |  |
|---|--|--|
| 18. <b>4 yrs. 1</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>CARDIO VASCULAR DISEASE</b><br>DUE TO<br><b>2 YRS</b> | CAUSE OF DEATH<br><b>CARDIO VASCULAR DISEASE</b> | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 YRS</b> |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><b>CEREBRAL HEMORRHAGE</b><br>DUE TO<br><b>8 DAYS</b>   | (B) <b>CEREBRAL HEMORRHAGE</b>                   |  |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   | (C)  |  |

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| 19A. DATE OF OPERATION<br><b>0</b>   |  | 19B. MAJOR FINDINGS OF OPERATION  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |  |
| 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)   |  | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                  |  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) |  |
| 21D. TIME (Month) (Day) (Year) (Hour)<br>INJURY  |  | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21F. HOW DID INJURY OCCUR?   |  |
| 22. I hereby certify that I attended the deceased from <b>Jan 15</b> , 1951, to <b>Jan 23</b> , 1951, that I last saw the deceased alive on <b>Jan 20</b> , 1951, and that death occurred at <b>6 P.m.</b> , from the causes and on the date stated above. |  |   |  |  |  |
| 23A. SIGNATURE<br><b>William Frey</b>  |  | 23B. ADDRESS<br><b>1908 Penna Ave</b>   |  | 23C. DATE SIGNED<br><b>1/24/51</b>                                       |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |  | 24B. DATE<br><b>1-27-51</b>   |  | 24C. NAME OF CEMETERY OR CREMATORY<br><b>Mt. Auburn Cem</b>              |  |
| 24D. LOCATION (City, town, or county) (State)<br><b>Baltimore, Md.</b>   |  | 25. FUNERAL DIRECTOR<br><b>Matthias C. Hunsley</b>  |  |  |  |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>JAN 26 1951</b>   |  | REGISTRAR'S SIGNATURE<br><b>William Frey</b>  |  | ADDRESS<br><b>578 W. Biddle St</b>                                       |  |

6-10

UNITED STATES DEPARTMENT OF AGRICULTURE

OFFICE OF THE SECRETARY

WASHINGTON, D. C.

June 10, 1910

Dear Sir:

Very truly yours,

W. A. Rorer

Secretary

U. S. D. A.

Enclosed

is a copy

of the

report

of the

committee

on the

subject

of the

proposed

amendment

to the

act of

March 3,

1907.

Very truly yours,

W. A. Rorer

Secretary

U. S. D. A.

Enclosed

is a copy

of the

report

of the

committee

on the

subject

of the

proposed

amendment

to the

act of

March 3,

1907.

265 51. 0789

51. 0789

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. 51-01421

|  |                                  |  |  |
|--|----------------------------------|--|--|
| 1. NAME OF DECEASED<br>(Type or Print) <b>Baby Boy Eichorn</b>   |                                  | 2. DATE OF DEATH<br><b>Jan 21, 1951</b>  |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland  |                                  | 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)<br>A. STATE <b>Maryland</b><br>B. COUNTY _____ |  |
| B. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>35 Church Home &amp; Hosp.</b>                               |                                  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Maryland 26-05</b>                                |  |
| C. Length of stay in Baltimore <b>12 hrs.</b>  |                                  | D. STREET ADDRESS (If rural, give location)<br><b>815 S. Quail St.</b>   |  |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Single</b>   | 8. DATE OF BIRTH<br><b>Jan 20, 1951</b>          |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>None</b> |                                  | 10B. KIND OF BUSINESS OR INDUSTRY<br><b>None</b>   | 9. AGE (In years, last birthday)<br><b>12 40</b> |
| 13. FATHER'S NAME<br><b>Arnold Eichorn</b>   |                                  | 11. BIRTHPLACE (State or foreign country)<br><b>Baltimore, Md.</b>   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)   |                                  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>  |  |
| 16. SOCIAL SECURITY NO.  |                                  | 14. MOTHER'S MAIDEN NAME<br><b>Esther P. Rian</b>  |  |
| 17. INFORMANT<br><b>Esther P. Rian</b>   |                                  | ADDRESS<br><b>815 S. Quail St.</b>   |  |

|   |   |  |
|---|---|--|
| 18. 776X<br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>I mmaturity (3 mos. premature)</b>         | CAUSE OF DEATH<br>(A) <b>I mmaturity (3 mos. premature)</b><br>DUE TO<br>(B) _____<br>DUE TO<br>(C) _____ | INTERVAL BETWEEN ONSET AND DEATH<br><b>12 hrs. 40 min.</b> |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><br>II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. |   |  |

|  |   |  |                                       |   |
|--|---|--|---------------------------------------|---|
| 19A. DATE OF OPERATION<br><b>0</b>   |   | 19B. MAJOR FINDINGS OF OPERATION   |                                       | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)   | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) |                                       |   |
| 21D. TIME (Month) (Day) (Year) (Hour) INJURY   | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21F. HOW DID INJURY OCCUR?   |                                       |   |
| 22. I hereby certify that I attended the deceased from <b>Jan 20, 1951</b> , to <b>Jan 21, 1951</b> , that I last saw the deceased alive on <b>Jan 21, 1951</b> , and that death occurred at <b>8:50 A. m.</b> , from the causes and on the date stated above. |   |  |                                       |   |
| 23A. SIGNATURE<br><b>Ronald L. Seaton</b>  |   | 23B. ADDRESS<br><b>Church Home &amp; Hosp</b>                            | 23C. DATE SIGNED<br><b>20 Jan 51</b>  |   |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)  | 24B. DATE   | 24C. NAME OF CEMETERY OR CREMATORY                                       | 24D. LOCATION (City, town, or county) | (State)   |

JOHN HOPKINS MEDICAL SCHOOL JAN 23 1951

|  |  |   |         |
|--|--|---|---------|
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>Jan 26 1951</b> | REGISTRAR'S SIGNATURE<br><b>William Williams</b> | 25. FUNERAL DIRECTOR<br><b>Commissioner of Health</b> | ADDRESS |
|--|--|---|---------|

CERTIFICATE OF DEATH

EXAMINED BY A JURY OF DEATH

1900

NAME OF DECEASED

DATE OF DEATH

PLACE OF DEATH

AGE OF DECEASED

SEX OF DECEASED

CAUSE OF DEATH

DATE OF BURIAL

PLACE OF BURIAL

NAME OF MINISTER

NAME OF WITNESS

SIGNATURE OF WITNESS

DATE OF SIGNATURE

NAME OF DECEASED

DATE OF DEATH

PLACE OF DEATH

AGE OF DECEASED

SEX OF DECEASED

CAUSE OF DEATH

DATE OF BURIAL

PLACE OF BURIAL

NAME OF MINISTER

NAME OF WITNESS

SIGNATURE OF WITNESS

DATE OF SIGNATURE

NAME OF DECEASED

DATE OF DEATH

PLACE OF DEATH

AGE OF DECEASED

SEX OF DECEASED

CAUSE OF DEATH

DATE OF BURIAL

PLACE OF BURIAL

NAME OF MINISTER

NAME OF WITNESS

SIGNATURE OF WITNESS

DATE OF SIGNATURE

NAME OF DECEASED

DATE OF DEATH

PLACE OF DEATH

AGE OF DECEASED

SEX OF DECEASED

CAUSE OF DEATH

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. 51 0770

|   |                                    |  |                              |   |   |
|---|------------------------------------|--|------------------------------|---|---|
| BIRTH NO. <u>100</u>  |                                    | 1. NAME OF DECEASED<br>(Type or Print) <u>Francine WEBB</u>  |                              | 2. DATE OF DEATH<br><u>January 7, 1951</u>            |   |
| 3. PLACE OF DEATH:<br>A. <u>Baltimore City, Maryland</u>                                    |                                    | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u> |                              |   |   |
| B. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>Provident Hospital</u>                        |                                    | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><u>Catonsville</u>   |                              |   |   |
| C. Length of stay in Baltimore  |                                    | D. STREET ADDRESS (If rural, give location)<br><u>177 Winters Lane</u>   |                              |   |   |
| 5. SEX<br><u>Female</u>   | 6. COLOR OR RACE<br><u>Colored</u> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><u>U</u>  | 8. DATE OF BIRTH<br><u>U</u> | 9. AGE (In years last birthday)<br><u>2</u>           | 10. Under 1 Year<br>Months: <u>2</u> Days: <u>2</u> |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) |                                    | 10B. KIND OF BUSINESS OR INDUSTRY<br><u>K</u>  |                              | 11. BIRTHPLACE (State or foreign country)<br><u>K</u> |   |
| 12. CITIZEN OF WHAT COUNTRY?<br><u>O</u>  |                                    | 13. FATHER'S NAME<br><u>N</u>  |                              | 14. MOTHER'S MAIDEN NAME<br><u>O</u>                  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)<br><u>O</u>               |                                    | 16. SOCIAL SECURITY NO.<br><u>N</u>  |                              | 17. INFORMANT ADDRESS<br><u>N</u>                     |   |

|  |  |                                  |
|--|--|----------------------------------|
| 18. <u>Egri. o.</u><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><u>(A) Aspiration of vomitus</u><br>DUE TO |  | INTERVAL BETWEEN ONSET AND DEATH |
| ANTECEDENT CAUSES<br><u>(B)</u><br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br>DUE TO   |  |                                  |
| <u>(C)</u><br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  |  |                                  |

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| 19A. DATE OF OPERATION<br><u>January 7, 1951</u>  |  | 19B. MAJOR FINDINGS OF OPERATION<br><u>Aspiration of vomitus</u>  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |  |
| 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.<br><u>Home</u>   |  | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)<br><u>Home</u>          |  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)<br><u>Barto. Co. 177 Winters Lane, Catonsville, Md.</u> |  |
| 21D. TIME (Month) (Day) (Year) (Hour)<br><u>January 7, 1951 ? A.m.</u>  |  | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> |  | 21F. HOW DID INJURY OCCUR?<br><u>Aspiration of vomitus</u>   |  |
| 22. I certify that I took charge of the remains described above, held an <u>Inspection &amp; Inq.</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> . |  |   |  |  |  |
| 23A. SIGNATURE<br><u>Stanley H. Dineen</u>  |  | 23B. CHIEF MEDICAL EXAMINER<br><u>John Hopkins Medical School</u>   |  | 23C. DATE SIGNED<br><u>January 10, 1951</u>  |  |

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><u>John Hopkins Medical School</u> |  | 24B. DATE<br><u>Jan 22 1951</u>                       |  | 24C. NAME OF CEMETERY OR CREMATORY<br><u>John Hopkins Medical School</u> |  |
| 24D. LOCATION (City, town, or county) (State)<br><u>Baltimore, Md.</u>          |  | 25. FUNERAL DIRECTOR<br><u>Commissioner of Health</u> |  | ADDRESS<br><u>✓</u>  |  |

N-933.01

1951





650

CERTIFICATE CORRECTED 1-30-51

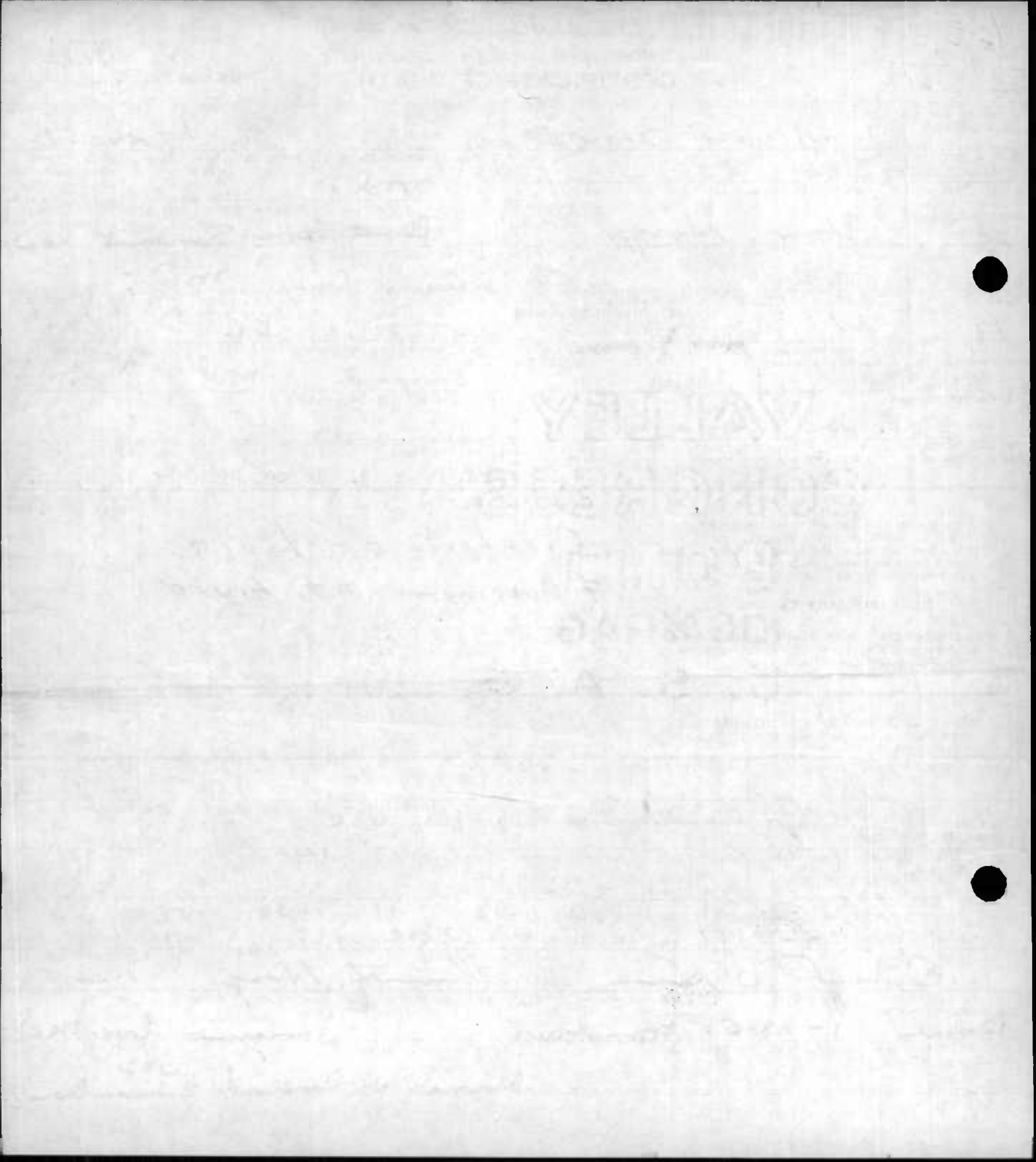
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0771

Registered No.

|   |                              |   |  |
|---|------------------------------|---|--|
| 1. NAME OF DECEASED<br>(Type or Print) <i>William H. Brown</i>  |                              | 2. DATE OF DEATH<br><i>1-26-51</i>  |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland   |                              | 4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)<br>A. STATE <i>md.</i> B. COUNTY <i>69-00</i> |  |
| B. FULL NAME OF HOSPITAL OR INSTITUTION<br><i>Univ. Hosp.</i>   |                              | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><i>Baltimore Somerset</i>                           |  |
| C. Length of stay in Baltimore<br><i>13</i> Yrs. Mos. Days  |                              | D. STREET ADDRESS (If rural, give location)<br><i>Princess Anne md.</i>   |  |
| 5. SEX<br><i>M</i>  | 6. COLOR OR RACE<br><i>W</i> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><i>Divorced</i>  | 8. DATE OF BIRTH<br><i>Jan. 31, 1884</i>     |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><i>Hotel Clerk</i>   |                              | 10B. KIND OF BUSINESS OR INDUSTRY<br><i>Hotel</i>   | 9. AGE (In years last birthday)<br><i>66</i> |
| 13. FATHER'S NAME<br><i>George W. Brown</i>   |                              | 11. BIRTHPLACE (State or foreign country)<br><i>Somerset md.</i>  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or unknown) (If yes, give war or dates of service)<br><i>No</i>   |                              | 12. CITIZEN OF WHAT COUNTRY?<br><i>md.</i>  |  |
| 16. SOCIAL SECURITY NO.<br><i>?</i>   |                              | 14. MOTHER'S MAIDEN NAME<br><i>Ella A. Bounds</i>   |  |
| 17. INFORMANT<br><i>Mrs. Frank H. Pierce, Princess Anne, Md.</i>  |                              | ADDRESS   |  |
| 18. <i>156.1</i> CAUSE OF DEATH<br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><i>Cirrhosis of Liver</i><br>DUE TO<br><i>? Carcinoma of Liver</i><br>ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br>(B)<br>(C)<br>II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. |                              |   |  |
| 19A. DATE OF OPERATION<br><i>0</i>  |                              | 19B. MAJOR FINDINGS OF OPERATION  |  |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH<br><input type="checkbox"/>   |                              | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)   |  |
| 21C. WHERE DID INJURY OCCUR?<br>(If in Baltimore City, give exact location)   |                              | 21D. HOW DID INJURY OCCUR?  |  |
| 21E. TIME (Month) (Day) (Year) (Hour) INJURY  |                              | 21F. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                           |  |
| 22. I hereby certify that I attended the deceased from <i>1-13</i> , 19 <i>51</i> , to <i>1-26</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>1-26</i> , 19 <i>51</i> , and that death occurred at <i>2:30</i> Am., from the causes and on the date stated above.  |                              |   |  |
| 23A. SIGNATURE<br><i>Edward P. O'Hara</i> M. O.   |                              | 23B. ADDRESS<br><i>University Hosp</i>  |  |
| 23C. DATE SIGNED<br><i>1-26-51</i>  |                              | 24. BURIAL, CREMATION, REMOVAL (Specify)<br><i>Burial</i>   |  |
| 24B. DATE<br><i>1-28-51</i>   |                              | 24C. NAME OF CEMETERY OR CREMATORY<br><i>Monkton</i>  |  |
| 24D. LOCATION (City, town, or county) (State)<br><i>Somerset md.</i>  |                              | 25. FUNERAL DIRECTOR<br><i>Edmondson</i>  |  |
| DATE RECEIVED BY LOCAL REGISTRAR<br><i>JAN 26 1951</i>  |                              | REGISTRAR'S SIGNATURE<br><i>William H. Brown</i>  |  |





53 51 0772

(466927)

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

51 0772

BIRTH NO. 51-00805

1. NAME OF DECEASED  
(Type or Print)

Baby Bland "Georgia"

2. DATE  
OF  
DEATH

January 10, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION The Johns Hopkins Hospital4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE Maryland B. COUNTY BaltimoreC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Dundalk 53-00

D. STREET ADDRESS (If rural, give location)

321 B. Tompkins Court

5. SEX

Male

6. COLOR OR RACE

negro

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
singleYrs.  
Mos.  
Days

8. DATE OF BIRTH

January 10, 1951

9. AGE (In years  
last birthday)If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.

30

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Infant

10B. KIND OF BUSINESS OR  
INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Ernest Bland

14. MOTHER'S MAIDEN NAME

Georgia Graves

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Hospital Records

18.

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Prematurity  
DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) Premature separation of placenta  
DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

22. I hereby certify that I attended the deceased from January 10, 1951 to January 10, 1951, that I last saw the deceased alive on Jan. 10, 1951, and that death occurred at 3:25 A.M., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

George W. Cornes, Jr.

601 N. Broadway

1-15-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Hospital Disposal

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 26 1951

Huntington Williams, M.D.

VS 150

159.0

MEDICAL CERTIFICATION

STATE OF NEW YORK  
CERTIFICATE OF DEATH

|                       |  |                        |  |                                |  |                      |  |                     |  |                      |  |
|-----------------------|--|------------------------|--|--------------------------------|--|----------------------|--|---------------------|--|----------------------|--|
| NAME OF DECEASED      |  | AGE                    |  | SEX                            |  | RACE                 |  | DATE OF DEATH       |  | PLACE OF DEATH       |  |
|                       |  |                        |  |                                |  |                      |  |                     |  |                      |  |
| DATE OF BIRTH         |  | PLACE OF BIRTH         |  | MARRIAGE                       |  | OCCUPATION           |  | EDUCATION           |  | RELIGION             |  |
|                       |  |                        |  |                                |  |                      |  |                     |  |                      |  |
| CAUSE OF DEATH        |  | MANNER OF DEATH        |  | MEDICAL ATTENDANT              |  | CORONER              |  | BURIAL              |  | REMARKS              |  |
|                       |  |                        |  |                                |  |                      |  |                     |  |                      |  |
| SIGNATURE OF DECEASED |  | SIGNATURE OF WITNESSES |  | SIGNATURE OF MEDICAL ATTENDANT |  | SIGNATURE OF CORONER |  | SIGNATURE OF BURIAL |  | SIGNATURE OF REMARKS |  |
|                       |  |                        |  |                                |  |                      |  |                     |  |                      |  |
| DATE OF SIGNATURE     |  | PLACE OF SIGNATURE     |  | DATE OF SIGNATURE              |  | PLACE OF SIGNATURE   |  | DATE OF SIGNATURE   |  | PLACE OF SIGNATURE   |  |
|                       |  |                        |  |                                |  |                      |  |                     |  |                      |  |

51 0773

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0773

Registered No.

BIRTH NO. 51-00438 (560513)

1. NAME OF DECEASED  
(Type or Print)

Baby Lee "Kathleen"

2. DATE  
OF  
DEATH

January 8, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION  
(If not in hospital or institution, give street address or location)

The Johns Hopkins Hospital

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

January 8, 1951

9. AGE (In years  
last birthday)If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.

10

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Infant

10B. KIND OF BUSINESS OR  
INDUSTRY

-

13. FATHER'S NAME

Willard Lee

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Hospital Records

18.

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Prematurity  
DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) Premature labor  
DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(C) Breech presentation

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

22. I hereby certify that I attended the deceased from January 8, 1951 to January 8, 1951 that I last saw the deceased alive on Jan. 8, 1951, and that death occurred at 1:15 p. m., from the causes and on the date stated above.

23A. SIGNATURE

George W. Corner, Jr.

M. O.

23B. ADDRESS

601 N. Broadway

23C. DATE SIGNED

1-11-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 26 1951

VS 150

0773 159.0

MEDICAL CERTIFICATION

STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

|  |  |                               |  |                                   |  |
|--|--|-------------------------------|--|-----------------------------------|--|
| 1. Name of Deceased                      |  | 2. Sex                        |  | 3. Age                            |  |
| 4. Date of Death                         |  | 5. Time of Death              |  | 6. Place of Death                 |  |
| 7. Cause of Death                        |  | 8. Manner of Death            |  | 9. Signature of Physician         |  |
| 10. Signature of Registrar               |  | 11. Signature of Coroner      |  | 12. Signature of Medical Examiner |  |
| 13. Signature of Health Officer          |  | 14. Signature of County Clerk |  | 15. Signature of Town Clerk       |  |
| 16. Signature of Village Clerk           |  | 17. Signature of Ward Clerk   |  | 18. Signature of Precinct Clerk   |  |
| 19. Signature of Assembly District Clerk |  | 20. Signature of County Clerk |  | 21. Signature of Town Clerk       |  |
| 22. Signature of Village Clerk           |  | 23. Signature of Ward Clerk   |  | 24. Signature of Precinct Clerk   |  |
| 25. Signature of Assembly District Clerk |  | 26. Signature of County Clerk |  | 27. Signature of Town Clerk       |  |
| 28. Signature of Village Clerk           |  | 29. Signature of Ward Clerk   |  | 30. Signature of Precinct Clerk   |  |
| 31. Signature of Assembly District Clerk |  | 32. Signature of County Clerk |  | 33. Signature of Town Clerk       |  |
| 34. Signature of Village Clerk           |  | 35. Signature of Ward Clerk   |  | 36. Signature of Precinct Clerk   |  |
| 37. Signature of Assembly District Clerk |  | 38. Signature of County Clerk |  | 39. Signature of Town Clerk       |  |
| 40. Signature of Village Clerk           |  | 41. Signature of Ward Clerk   |  | 42. Signature of Precinct Clerk   |  |
| 43. Signature of Assembly District Clerk |  | 44. Signature of County Clerk |  | 45. Signature of Town Clerk       |  |
| 46. Signature of Village Clerk           |  | 47. Signature of Ward Clerk   |  | 48. Signature of Precinct Clerk   |  |
| 49. Signature of Assembly District Clerk |  | 50. Signature of County Clerk |  | 51. Signature of Town Clerk       |  |
| 52. Signature of Village Clerk           |  | 53. Signature of Ward Clerk   |  | 54. Signature of Precinct Clerk   |  |
| 55. Signature of Assembly District Clerk |  | 56. Signature of County Clerk |  | 57. Signature of Town Clerk       |  |
| 58. Signature of Village Clerk           |  | 59. Signature of Ward Clerk   |  | 60. Signature of Precinct Clerk   |  |
| 61. Signature of Assembly District Clerk |  | 62. Signature of County Clerk |  | 63. Signature of Town Clerk       |  |
| 64. Signature of Village Clerk           |  | 65. Signature of Ward Clerk   |  | 66. Signature of Precinct Clerk   |  |
| 67. Signature of Assembly District Clerk |  | 68. Signature of County Clerk |  | 69. Signature of Town Clerk       |  |
| 70. Signature of Village Clerk           |  | 71. Signature of Ward Clerk   |  | 72. Signature of Precinct Clerk   |  |
| 73. Signature of Assembly District Clerk |  | 74. Signature of County Clerk |  | 75. Signature of Town Clerk       |  |
| 76. Signature of Village Clerk           |  | 77. Signature of Ward Clerk   |  | 78. Signature of Precinct Clerk   |  |
| 79. Signature of Assembly District Clerk |  | 80. Signature of County Clerk |  | 81. Signature of Town Clerk       |  |
| 82. Signature of Village Clerk           |  | 83. Signature of Ward Clerk   |  | 84. Signature of Precinct Clerk   |  |
| 85. Signature of Assembly District Clerk |  | 86. Signature of County Clerk |  | 87. Signature of Town Clerk       |  |
| 88. Signature of Village Clerk           |  | 89. Signature of Ward Clerk   |  | 90. Signature of Precinct Clerk   |  |
| 91. Signature of Assembly District Clerk |  | 92. Signature of County Clerk |  | 93. Signature of Town Clerk       |  |
| 94. Signature of Village Clerk           |  | 95. Signature of Ward Clerk   |  | 96. Signature of Precinct Clerk   |  |
| 97. Signature of Assembly District Clerk |  | 98. Signature of County Clerk |  | 99. Signature of Town Clerk       |  |
| 100. Signature of Village Clerk          |  | 101. Signature of Ward Clerk  |  | 102. Signature of Precinct Clerk  |  |

5770

21 51. 0774  
(557774)  
BIRTH NO. 51-00380

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0774  
Registered No.

|  |                           |  |                                       |
|--|---------------------------|--|---------------------------------------|
| 1. NAME OF DECEASED<br>(Type or Print) Baby Crosby "Brinnie"   |                           | 2. DATE OF DEATH January 6, 1951   |                                       |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland  |                           | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE Maryland B. COUNTY |                                       |
| B. FULL NAME OF HOSPITAL OR INSTITUTION<br>33 The Johns Hopkins Hospital                                 |                           | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br>Baltimore 11-04                      |                                       |
| C. Length of stay in Baltimore<br>Yrs. Mos. Days   |                           | D. STREET ADDRESS (If rural, give location)<br>1216 Mc Culloh Street   |                                       |
| 5. SEX<br>Female   | 6. COLOR OR RACE<br>negro | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br>single  | 8. DATE OF BIRTH<br>January 6, 1951   |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Infant    |                           | 10B. KIND OF BUSINESS OR INDUSTRY<br>-   | 9. AGE (In years last birthday)<br>30 |
| 11. BIRTHPLACE (State or foreign country)<br>Baltimore, Maryland   |                           | 12. CITIZEN OF WHAT COUNTRY?   |                                       |
| 13. FATHER'S NAME<br>Thomas Crosby   |                           | 14. MOTHER'S MAIDEN NAME<br>Brinnie Douglas  |                                       |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) |                           | 16. SOCIAL SECURITY NO.  |                                       |
| 17. INFORMANT<br>Hospital Records  |                           | ADDRESS  |                                       |

|   |   |   |
|---|---|---|
| 18. 758.1 I<br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br>A. <u>Alchondrioplasia</u><br>DUE TO |   | INTERVAL BETWEEN ONSET AND DEATH  |
| B. ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br>C. <u>Anoxia</u><br>DUE TO   |   |   |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   |   |   |
| 19A. DATE OF OPERATION<br>2   | 19B. MAJOR FINDINGS OF OPERATION  | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)  | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)            |
| 21D. TIME (Month) (Day) (Year) (Hour)<br>INJURY   | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21F. HOW DID INJURY OCCUR?  |
| 22. I hereby certify that I attended the deceased from January 6, 1951 to January 6, 1951 that I last saw the deceased alive on Jan. 6, 1951, and that death occurred at 8:25 A.M., from the causes and on the date stated above.                     |   |   |
| 23A. SIGNATURE<br>George W. Corner, Jr. M.D.  | 23B. ADDRESS<br>601 N. Broadway   | 23C. DATE SIGNED<br>1-10-51   |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)   | 24B. DATE   | 24C. NAME OF CEMETERY OR CREMATORY<br>Hospital Disposed                             |
| 24D. LOCATION (City, town, or county) (State)   | 25. FUNERAL DIRECTOR  | ADDRESS   |
| DATE RECEIVED BY LOCAL REGISTRAR<br>JAN 26 1951   | REGISTRAR'S SIGNATURE<br>L. H. Williams, M.D.   |   |



CERTIFICATE OF DEATH

1900

1901

1902

1903

1904

1905

1906

1907

1908

1909

1910

1911

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1913

1914

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1918

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1923

1924

1925



365 51 0775

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0775

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Kate W Stern

2. DATE  
OF  
DEATH

Jan 25, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION 1737 N Smallwood St4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)  
A. STATE Maryland B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore 15-03D. STREET ADDRESS (If rural, give location)  
1737 N Smallwood St

C. Birth of stay in Baltimore

44 Yrs

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)  
WIDOW10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
house wife10B. KIND OF BUSINESS OR INDUSTRY  
own home

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF  
WHAT COUNTRY?  
USA.

13. FATHER'S NAME

David Weissmith

14. MOTHER'S MAIDEN NAME

Rachael ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Louis M Stern 1737 N Smallwood St

18. 4/20.1 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Acute Coronary Infarction

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) DUE TO  
(C)Coronary sclerosis  
HypertensionINTERVAL BETWEEN  
ONSET AND DEATHII  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

22. I hereby certify that I attended the deceased from 1/23 to 1/25, 1951, that I last saw the deceased alive on 1/25, 1951, and that death occurred at 6:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)  
Burial

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Jan, 26, 1951

Hebrew Rosedale Cemetery

Baltimore Md

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS 1126

JAN 26 1951

Huntington Williams, M.D.

Sol Lewinson Bus W North Ave

VS 150

094a

MEDICAL CERTIFICATION

Antony Joseph  
Brown  
Spartan

1852  
of the  
of the  
of the  
of the

620

0776

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 0776  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Addie Adella Gross

2. DATE  
OF  
DEATH

Jan. 23-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

(If not in hospital or institution, give street address or location)

924 Warner St

C. Length of stay in Baltimore

50 yrs.

Yrs.  
Mos.  
Days

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

m.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Homemaker

10B. KIND OF BUSINESS OR  
INDUSTRY

-

13. FATHER'S NAME

Joseph Smith

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

924 Warner St.

8. DATE OF BIRTH

July 18-1875

9. AGE (in years  
last birthday)

75

11. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Sandy Springs-Md.

12. CITIZEN OF  
WHAT COUNTRY?

U. S.

14. MOTHER'S MAIDEN NAME

Annie M. Phillips

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Benjamin Gross- 924 Warner St

18. 442X I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CAUTION LAST.

(A)

DUE TO

(B)

DUE TO

(C)

Respiratory failure  
Hypertensive Cardiovascular  
renal disease

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1875 to Jan 23, 1951 that I last saw the  
deceased alive on Jan 23, 1951, and that death occurred at 9:30 P. M., from the causes and on the date stated above.

23A. SIGNATURE

D. Shorofsky M.D.

M. D.

23B. ADDRESS

601 N. Monroe St

23C. DATE SIGNED

1/25/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

Jan. 29-1951

Mt. Auburn

Baltimore City

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 26 1951

Huntington Williams, M.D.

Samuel W. Sullivan Jr

VS 150

1011 N. Calington Ave 131a

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. \_\_\_\_\_

51 0777

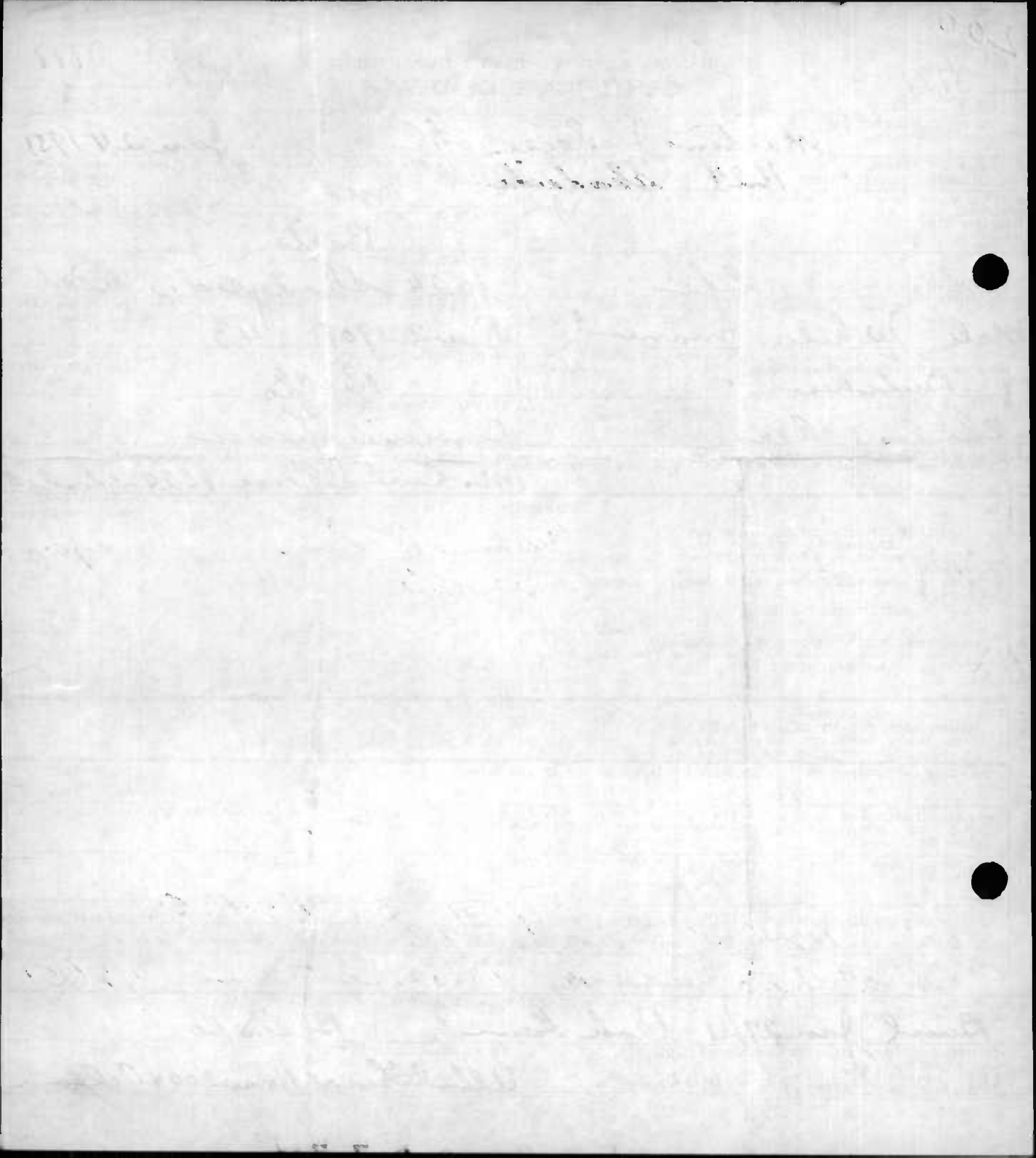
BIRTH NO. \_\_\_\_\_

|   |                                  |   |   |  |   |
|---|----------------------------------|---|---|--|---|
| 1. NAME OF DECEASED<br>(Type or Print) <i>Martin J Reese of C</i>   |                                  |   | 2. DATE OF DEATH<br><i>Jan 24 1951</i>  |  |   |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland <i>1624 Shadyside</i>                                       |                                  |   | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <i>Md</i> B. COUNTY <i>9-07</i> |  |   |
| B. FULL NAME OF HOSPITAL OR INSTITUTION   |                                  |   | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><i>Balls</i>                                      |  |   |
| C. Length of stay in Baltimore <i>life</i>  |                                  |   | D. STREET ADDRESS (If rural, give location)<br><i>1624 Shadyside Road</i>   |  |   |
| 5. SEX<br><i>Male</i>   | 6. COLOR OR RACE<br><i>White</i> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><i>married</i> | 8. DATE OF BIRTH<br><i>Dec 2 1907</i>   |  | 9. AGE (in years last birthday) <i>43</i> |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><i>Bulcher</i> |                                  | 10B. KIND OF BUSINESS OR INDUSTRY<br><i>-</i>                     |   | 11. BIRTHPLACE (State or foreign country)<br><i>Balls</i>      |   |
| 13. FATHER'S NAME<br><i>Charles A Reese</i>   |                                  |   | 14. MOTHER'S MAIDEN NAME<br><i>Caroline Turner</i>  |  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)   |                                  | 16. SOCIAL SECURITY NO.   |   | 17. INFORMANT ADDRESS<br><i>Mrs Bulah Reese 1624 Shadyside</i> |   |

|  |  |  |
|--|--|--|
| 18. <i>581.0</i><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><i>Coronary of Heart</i><br>DUE TO <i>Acute</i> |  | INTERVAL BETWEEN ONSET AND DEATH<br><i>2 yr.</i> |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br>(B) _____<br>(C) _____   |  |  |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  |  |  |

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| 19A. DATE OF OPERATION   |  | 19B. MAJOR FINDINGS OF OPERATION  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH  |  | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)                 |  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)            |  |
| 21D. TIME (Month) (Day) (Year) (Hour) INJURY   |  | 21E. INJURY OCCURRED<br>WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK |  | 21F. HOW DID INJURY OCCUR?  |  |
| 22. I hereby certify that I attended the deceased from <i>11/31/51</i> to <i>1/24/51</i> , that I last saw the deceased alive on <i>1/24/51</i> and that death occurred at <i>10</i> m., from the causes and on the date stated above. |  |   |  |   |  |
| 23A. SIGNATURE<br><i>Wm Lottel F. Henderson</i>  |  | 23B. ADDRESS<br><i>1016 E. East Ave</i>   |  | 23C. DATE SIGNED<br><i>1/26/51</i>  |  |

|  |  |                               |  |  |  |  |  |
|--|--|-------------------------------|--|--|--|--|--|
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><i>Burial</i> |  | 24B. DATE<br><i>Jan 27/51</i> |  | 24C. NAME OF CEMETERY OR CREMATORY<br><i>Oak Lawn</i>  |  | 24D. LOCATION (City, town, or county) (State)<br><i>Balls Co</i>         |  |
| DATE RECEIVED BY LOCAL REGISTRAR<br><i>JAN 26 1951</i>     |  |                               |  | REGISTRAR'S SIGNATURE<br><i>Wm Lottel F. Henderson</i> |  | 25. FUNERAL DIRECTOR ADDRESS<br><i>Wm Lottel F. Henderson 2004 Adams</i> |  |





540  
0778BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0778

Registered No.

|  |                                  |  |   |  |   |
|--|----------------------------------|--|---|--|---|
| 1. NAME OF DECEASED<br>(Type or Print) <i>John Munnally</i>  |                                  |  | 2. DATE OF DEATH<br><i>1/24/51</i>  |  |   |
| 3. PLACE OF DEATH<br>A. Baltimore City Maryland <i>St. Agnes</i>   |                                  |  | 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)<br>A. STATE <i>MD</i> B. COUNTY <i>2504</i> |  |   |
| B. FULL NAME OF HOSPITAL OR INSTITUTION<br><i>St. Agnes</i>  |                                  |  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><i>Baltimore</i>                                  |  |   |
| C. Length of stay in Baltimore<br><i>Life</i>  |                                  |  | D. STREET ADDRESS (If rural, give location)<br><i>411 Jeffery St #25</i>  |  |   |
| 5. SEX<br><i>male</i>  | 6. COLOR OR RACE<br><i>white</i> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><i>married</i>  | 8. DATE OF BIRTH<br><i>22, 1882</i>   | 9. AGE (In years last birthday)<br><i>78 yrs.</i>                        | 10. Under 1 Year<br>Months: Days  |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><i>Butcher</i>  |                                  |  | 11. BIRTHPLACE (State or foreign country)<br><i>Balto. Md.</i>  |  |   |
| 13. FATHER'S NAME<br><i>Robert Emmitt Munnally</i>   |                                  |  | 12. CITIZEN OF WHAT COUNTRY?<br><i>U.S.</i>   |  |   |
| 14. MOTHER'S MAIDEN NAME<br><i>deed - Sarah P.</i>   |                                  |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)<br><i>no</i>                                   |  |   |
| 16. SOCIAL SECURITY NO.<br><i>no</i>   |                                  |  | 17. INFORMANT<br><i>Mrs. Sadie Munnally - 411 Jeffery St - 25</i>   |  |   |
| 18. <i>199.1</i><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br>CAUSE OF DEATH<br>(A) <i>GENERALIZED CARCINOMATOSIS</i><br>DUE TO (site unknown)<br>(B) <i>CACHEXIA</i><br>DUE TO<br>(C) <i>no</i> |                                  |  | INTERVAL BETWEEN ONSET AND DEATH  |  |   |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  |                                  |  |   |  |   |
| 19A. DATE OF OPERATION   |                                  | 19B. MAJOR FINDINGS OF OPERATION   |   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  |                                  | 21B. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)                     |   | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) |   |
| 21D. TIME (Month) (Day) (Year) (Hour) INJURY   |                                  | 21E. INJURY OCCURRED<br>M. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |   | 21F. HOW DID INJURY OCCUR?   |   |
| 22. I hereby certify that I attended the deceased from <i>1/23</i> , 19 <i>50</i> , to <i>1/24</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>1/24</i> , 19 <i>51</i> , and that death occurred at <i>11:2</i> m., from the causes and on the date stated above.  |                                  |  |   |  |   |
| 23A. SIGNATURE<br><i>John B. Shaw</i>  |                                  | 23B. ADDRESS<br><i>St. Agnes Hosp.</i>   |   | 23C. DATE SIGNED<br><i>1/24/51</i>                                       |   |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><i>BURIAL</i>   |                                  | 24B. DATE<br><i>Jan. 26, 1951</i>  |   | 24C. NAME OF CEMETERY OR CREMATORY<br><i>Cedar Hill</i>                  |   |
| 24D. LOCATION (City, town, or county) (State)<br><i>Patchie Highway</i>  |                                  | 25. FUNERAL DIRECTOR<br><i>Krause Funeral Home</i>   |   | ADDRESS<br><i>1216 D. Charles St</i>                                     |   |
| DATE RECEIVED BY LOCAL REGISTRAR<br><i>JAN 26 1951</i>   |                                  | REGISTRAR'S SIGNATURE<br><i>Huntington Williams, M.D.</i>  |   | 3055E  |   |

MEDICAL CERTIFICATION



If possible, please state a  
more definite anatomical  
location of the malignant tumor

See Document File 51-0778

2/20/51 ES

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

51 0779  
Registered No.

BIRTH NO.

|  |                              |   |   |
|--|------------------------------|---|---|
| 1. NAME OF DECEASED<br>(Type or Print) <i>ANNA MARIE Gosnell</i>   |                              | 2. DATE OF DEATH <i>1/24/51</i>   |   |
| 3. PLACE OF DEATH:<br>a. Baltimore City, Maryland  |                              | 4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)<br>a. STATE <i>Md.</i><br>b. COUNTY <i>9-03</i> |   |
| 5. FULL NAME OF HOSPITAL OR INSTITUTION<br><i>27 Mercy Hosp.</i>   |                              | c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><i>Balt.</i>  |   |
| 6. Length of stay in Baltimore<br><i>1 wk</i>  |                              | d. STREET ADDRESS (If rural, give location)<br><i>3631 Kimble Rd.</i>   |   |
| 7. SEX<br><i>F</i>   | 8. COLOR OR RACE<br><i>W</i> | 9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><i>Married</i>   | 10. DATE OF BIRTH<br><i>March 4, 1903</i> |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><i>Stitcher</i> |                              | 10B. KIND OF BUSINESS OR INDUSTRY   |   |
| 11. FATHER'S NAME<br><i>William Earle</i>  |                              | 12. MOTHER'S MAIDEN NAME<br><i>Anna Edwards</i>   |   |
| 13. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)<br><i>No</i>                                 |                              | 14. SOCIAL SECURITY NO.   |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)                            |                              | 16. INFORMANT ADDRESS<br><i>Hosp. Records</i>   |   |

|   |  |   |
|---|--|---|
| 18. <i>470.1</i><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><i>(A) Myocardial Infarction</i><br>DUE TO |  | INTERVAL BETWEEN ONSET AND DEATH<br><i>12-18 hrs.</i> |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><i>(B)</i><br>DUE TO  |  |   |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.<br><i>(C)</i>   |  |   |

|  |   |  |  |  |
|--|---|--|--|--|
| 19A. DATE OF OPERATION<br><i>0</i>   |   | 19B. MAJOR FINDINGS OF OPERATION   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)   | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)                 | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) |  |  |
| 21D. TIME (Month) (Day) (Year) (Hour) INJURY   | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21F. HOW DID INJURY OCCUR?   |  |  |
| 22. I hereby certify that I attended the deceased from <i>1/23</i> , 19 <i>51</i> , to <i>1/24</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>1/24</i> , 19 <i>51</i> , and that death occurred at <i>5:30 a.m.</i> , from the causes and on the date stated above. |   |  |  |  |
| 23A. SIGNATURE<br><i>Charles R. Cleveland</i>  |   | 23B. ADDRESS<br><i>M.D.</i>  |  | 23C. DATE SIGNED<br><i>1/24/51</i>                                       |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><i>Burial</i>   | 24B. DATE<br><i>Jan. 29/51</i>  | 24C. NAME OF CEMETERY OR CREMATORY<br><i>Baltimore National</i>          | 24D. LOCATION (City, town, or county) (State)<br><i>5501 Frederick Rd. Balt. Md.</i> |  |
| DATE RECEIVED BY LOCAL REGISTRAR<br><i>JAN 26 1951</i>   |   | REGISTRAR'S SIGNATURE<br><i>Harry H. Witzke</i>                          |  |  |
| 25. FUNERAL DIRECTOR<br><i>Harry H. Witzke</i>   |   | ADDRESS<br><i>4101 Edmondson Ave.</i>                                    |  |  |

UNITED STATES DEPARTMENT OF AGRICULTURE  
BUREAU OF PLANT INDUSTRY  
WASHINGTON, D. C.

PLANT INDUSTRY

PLANT INDUSTRY



530  
51 0780BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 0780

|  |                                    |   |   |   |  |
|--|------------------------------------|---|---|---|--|
| 1. NAME OF DECEASED<br>(Type or Print) <b>JOHN BOND</b>  |                                    |   | 2. DATE OF DEATH <b>Jan. 23, 1951</b>   |   |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland  |                                    |   | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>Maryland</b> B. COUNTY |   |  |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR INSTITUTION <b>4718 Falls Road</b> |                                    |   | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore</b>                            |   |  |
| C. Length of stay in Baltimore <b>79 years</b>   |                                    |   | D. STREET ADDRESS (If rural, give location)<br><b>4718 Falls Road</b>   |   |  |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>Colored</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Widowed</b> | 8. DATE OF BIRTH<br><b>Jan. 15, 1872</b>  | 9. AGE (In years last birthday)<br><b>79</b>                          | H Under 1 Year Months: Days H Under 24 Hours Hours: Min. |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Butler</b>                           |                                    | 10B. KIND OF BUSINESS OR INDUSTRY<br><b>Pvt. family</b>           |   | 11. BIRTHPLACE (State or foreign country)<br><b>Baltimore Co. Md.</b> |  |
| 13. FATHER'S NAME<br><b>Unknown</b>  |                                    |   | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>  |   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)<br><b>No.</b>                                      |                                    |   | 16. SOCIAL SECURITY NO.   |   |  |
| 17. INFORMANT<br><b>Mrs. Frances Smith Brown</b>   |                                    |   | ADDRESS <b>4718 Falls Rd.</b>   |   |  |

|  |  |   |
|--|--|---|
| 18. <b>331X I</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Cerebral Hemorrhage</b><br>DUE TO |  | CAUSE OF DEATH<br><b>Cerebral Hemorrhage</b><br>INTERVAL BETWEEN ONSET AND DEATH<br><b>10 days.</b> |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br>DUE TO   |  |   |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  |  |   |

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| 19A. DATE OF OPERATION  |  | 19B. MAJOR FINDINGS OF OPERATION  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |  |
| 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)  |  | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)                 |  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) |  |
| 21D. TIME (Month) (Day) (Year) (Hour)<br>INJURY   |  | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21F. HOW DID INJURY OCCUR?   |  |
| 22. I hereby certify that I attended the deceased from <b>Jan 13, 1951</b> , to <b>Jan 23, 1951</b> , that I last saw the deceased alive on <b>Jan 23, 1951</b> , and that death occurred at <b>4:05 p.m.</b> , from the causes and on the date stated above. |  |   |  |  |  |
| 23A. SIGNATURE<br><b>James O. Johnson</b>   |  | 23B. ADDRESS<br><b>2379 Greenfield Dr.</b>  |  | 23C. DATE SIGNED<br><b>Jan 25-51</b>                                     |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |  | 24B. DATE<br><b>Jan. 26, 1951</b>   |  | 24C. NAME OF CEMETERY OR CREMATORY<br><b>St. John Cemetery</b>           |  |
| 24D. LOCATION (City, town, or county) (State)<br><b>Baltimore Co. Md.</b>   |  | 25. FUNERAL DIRECTOR<br><b>1601 Druid Hill Ave.</b>   |  |  |  |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>JAN 26 1951</b>  |  | REGISTRAR'S SIGNATURE<br><b>Thurston Williams</b>   |  |  |  |



56  
01 0781BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 0781  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

MARY EMMA KREINER

2. DATE  
OF  
DEATH

Jan. 24, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

1500 Bolton St.

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

widowed

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)  
A. STATE  
Md.C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore

D. STREET ADDRESS (If rural, give location)

1500 Bolton St.

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)  
housewife10B. KIND OF BUSINESS OR INDUSTRY  
at home

8. DATE OF BIRTH

Aug. 18, 1877

9. AGE (In years last birthday)

73

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Plummer W. Carr

14. MOTHER'S MAIDEN NAME

Angeline Brashear

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL SECURITY NO.  
no

17. INFORMANT

ADDRESS

Mr. Clifton S. Carr - 1500 Bolton St.

18. 443X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATH

7 days

5 years +

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

INJURY

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

22. I hereby certify that I attended the deceased from Sept 20 - 1949 to 1-24, 1951, that I last saw the deceased alive on 1-23, 1951, and that death occurred at P. M., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

1/29/51

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 26 1951

VS 150

Wm. J. Lickner &amp; Sons. Balto. Md.

0780932





355  
51 0782

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0782  
Registered No.

|  |                                  |   |                  |  |   |
|--|----------------------------------|---|------------------|--|---|
| BIRTH NO.  |                                  | 1. NAME OF DECEASED<br>(Type or Print) <b>HARRY GOODMAN</b>   |                  | 2. DATE OF DEATH <b>1-25-51</b>  |   |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland  |                                  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>Md</b> B. COUNTY           |                  |  |   |
| B. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>3321 Forest Park Ave</b>   |                                  | C. CITY OR TOWN (If outside corporate limits, write FULL and give township)<br><b>Baltimore 15-38</b>                           |                  |  |   |
| C. Length of stay in Baltimore <b>36</b> Yrs. <b>36</b> Mos. <b>36</b> Days  |                                  | D. STREET ADDRESS (If rural, give location)<br><b>3321 Forest Park Ave</b>  |                  |  |   |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>married</b>   | 8. DATE OF BIRTH |  | 9. AGE (In years last birthday) <b>61</b> |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)<br><b>Real Estate</b>  |                                  | 10B. KIND OF BUSINESS OR INDUSTRY<br><b>Self</b>  |                  | 11. BIRTHPLACE (State or foreign country)<br><b>Russia</b>               |   |
| 13. FATHER'S NAME<br><b>Philip</b>   |                                  | 14. MOTHER'S MAIDEN NAME<br><b>Esther</b>   |                  |  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)   |                                  | 16. SOCIAL SECURITY NO.   |                  | 17. INFORMANT ADDRESS<br><b>Sarah Goodman - Same</b>                     |   |
| 18. <b>331X I</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Cerebral hemorrhage</b><br>DUE TO<br><b>High blood pressure</b><br>ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><b>Arterio sclerosis</b> |                                  | CAUSE OF DEATH  |                  | INTERVAL BETWEEN ONSET AND DEATH   |   |
| 19A. DATE OF OPERATION   |                                  | 19B. MAJOR FINDINGS OF OPERATION  |                  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |   |
| 21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH  |                                  | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)                                       |                  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) |   |
| 21D. TIME (Month) (Day) (Year) (Hour) INJURY   |                                  | 21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |                  | 21F. HOW DID INJURY OCCUR?   |   |
| 22. I hereby certify that I attended the deceased from <b>March 1950</b> to <b>1/25, 1951</b> that I last saw the deceased alive on <b>1/25, 1951</b> and that death occurred at <b>2225 Linden W</b> on the causes and on the date stated above.  |                                  |   |                  |  |   |
| 23A. SIGNATURE<br><b>M. Chudockel</b>  |                                  | 23B. ADDRESS<br><b>2225 Linden W</b>  |                  | 23C. DATE SIGNED<br><b>1/25/51</b>                                       |   |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |                                  | 24B. DATE<br><b>1-26-51</b>   |                  | 24C. NAME OF CEMETERY OR CREMATORY<br><b>Mt Carmel</b>                   |   |
| 24D. LOCATION (City, town, or county)<br><b>Balto Md</b>   |                                  | 24E. NAME OF CEMETERY OR CREMATORY<br><b>Balto Md</b>   |                  | 24F. LOCATION (City, town, or county)<br><b>Balto Md</b>                 |   |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>JAN 26 1951</b>   |                                  | REGISTRAR'S SIGNATURE<br><b>Wilmington Williams</b>   |                  | 25. FUNERAL DIRECTOR ADDRESS<br><b>Ever Lewis Inc 2100 Eastern Pl</b>    |   |

MEDICAL CERTIFICATION

Chadwick  
2225 Linden

500

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 0783

51 0783

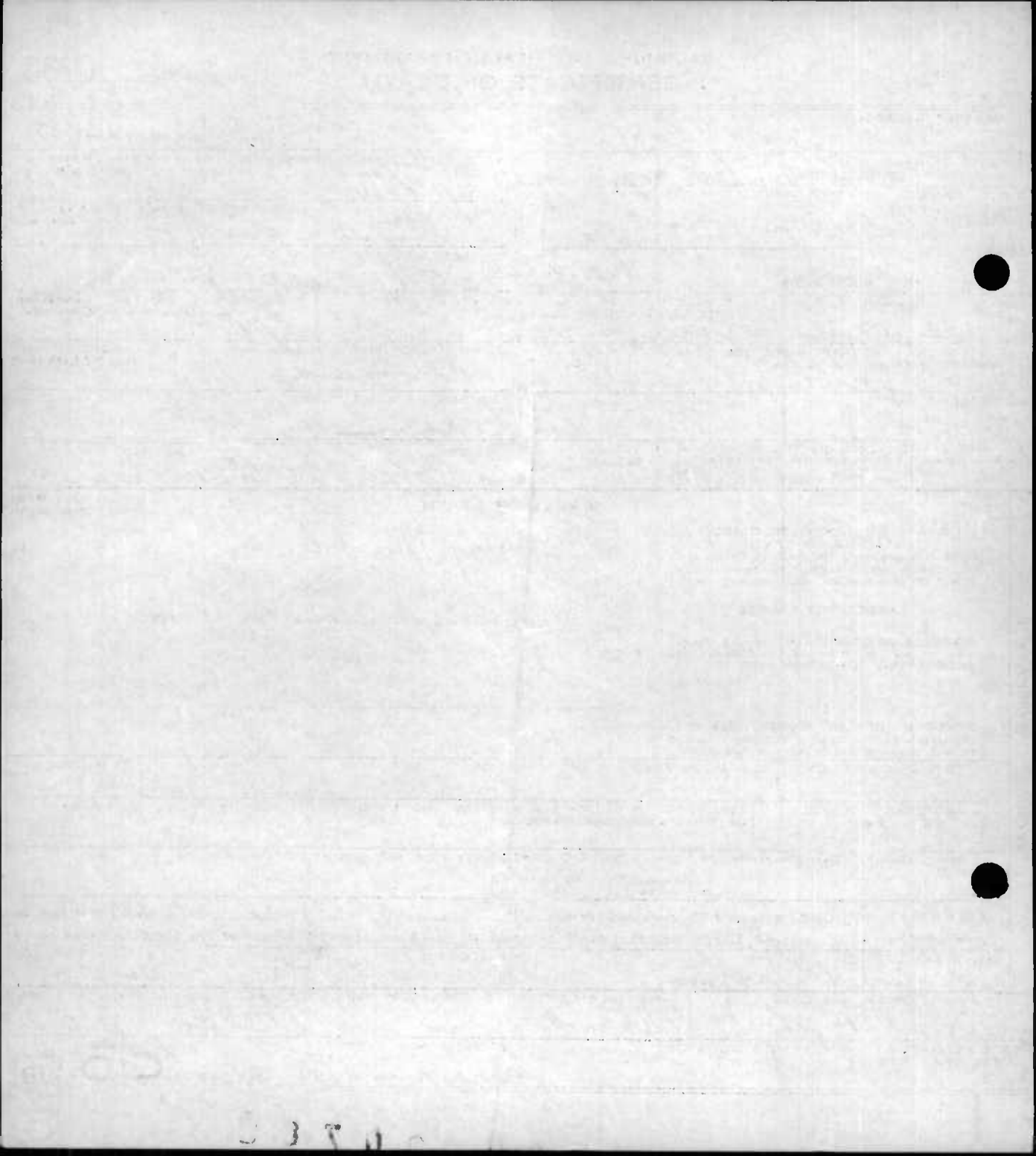
|  |                               |   |                  |
|--|-------------------------------|---|------------------|
| 1. NAME OF DECEASED<br>(Type or Print) <i>Bessie Cohen</i>   |                               | 2. DATE OF DEATH <i>January 25, 1951</i>  |                  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland <i>4613 Park Heights Ave</i>                               |                               | 4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)<br>A. STATE <i>Md</i><br>B. COUNTY <i>Baltimore</i> |                  |
| B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Mt Sinai Home</i>   |                               | C. CITY OR TOWN (If outside corporate limits, write FULL and give township) <i>Baltimore</i>  |                  |
| C. Length of stay in Baltimore <i>45</i> Yrs. Mos. Days  |                               | D. STREET ADDRESS (If rural, give location) <i>4615 Lincol Road</i>   |                  |
| 5. SEX <i>Female</i>   | 6. COLOR OR RACE <i>white</i> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>  | 8. DATE OF BIRTH |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i> |                               | 10B. KIND OF BUSINESS OR INDUSTRY   |                  |
| 13. FATHER'S NAME <i>Joseph</i>  |                               | 14. MOTHER'S MAIDEN NAME <i>Bessie</i>  |                  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)  |                               | 16. SOCIAL SECURITY NO.   |                  |
| 17. INFORMANT <i>Col Cohen - 2500 Quarters Ave</i>   |                               | ADDRESS   |                  |

|   |  |  |
|---|--|--|
| 18. <i>420-1-1</i><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><i>Coronary Thrombosis</i><br>DUE TO |  | INTERVAL BETWEEN ONSET AND DEATH<br><i>5 minutes</i> |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><i>Hypertensive Cardio-Vas. Disease</i><br>DUE TO   |  |  |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   |  |  |

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| 19A. DATE OF OPERATION <i>0</i>   |  | 19B. MAJOR FINDINGS OF OPERATION  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |  |
| 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)  |  | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)                 |  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) |  |
| 21D. TIME (Month) (Day) (Year) (Hour) INJURY  |  | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21F. HOW DID INJURY OCCUR?   |  |
| 22. I hereby certify that I attended the deceased from <i>Jan</i> , 19 <i>46</i> , to <i>Jan 25</i> , 1951, that I last saw the deceased alive on <i>Jan 25, 1951</i> , and that death occurred at <i>4:30 P.m.</i> , from the causes and on the date stated above. |  |   |  |  |  |
| 23A. SIGNATURE <i>Samuel V. Tompkins</i>  |  | 23B. ADDRESS <i>3600 Park Heights Ave.</i>  |  | 23C. DATE SIGNED <i>Jan 25, 1951</i>                                     |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>   |  | 24B. DATE <i>1-26-51</i>  |  | 24C. NAME OF CEMETERY OR CREMATORY <i>Mt Carmel</i>                      |  |
| 24D. LOCATION (City, town, or county) <i>Baltimore</i>  |  | 24E. LOCATION (City, town, or county) <i>Baltimore</i>  |  | 24F. LOCATION (City, town, or county) <i>Baltimore</i>                   |  |
| DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 26 1951</i>   |  | REGISTRAR'S SIGNATURE <i>William Williams</i>   |  | 25. FUNERAL DIRECTOR <i>Jack Lewis</i>                                   |  |
|   |  |   |  | ADDRESS <i>2100 E. St. Bk</i>  |  |

51 0783

093d



562  
0784BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51. 0784

Registered No.

|   |                  |   |  |                                 |                               |
|---|------------------|---|--|---------------------------------|-------------------------------|
| BIRTH NO.   |                  |   | 2. DATE OF DEATH   |                                 |                               |
| 1. NAME OF DECEASED<br>(Type or Print)  |                  |   | JAN 25, 1951   |                                 |                               |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland   |                  |   | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE MARYLAND B. COUNTY |                                 |                               |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR INSTITUTION   |                  |   | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)   |                                 |                               |
| 1418 DIVISION STREET  |                  |   | BALTIMORE 14-03  |                                 |                               |
| C. Length of stay in Baltimore  |                  |   | D. STREET ADDRESS (If rural, give location)  |                                 |                               |
| 1418 DIVISION STREET  |                  |   | 1418 DIVISION STREET   |                                 |                               |
| 5. SEX  | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH   | 9. AGE (In years last birthday) | 10. Under 1 Year Months: Days |
| FEMALE  | COLORED          | WIDOWED   | 1897   | 32 3/4                          |                               |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)   |                  |   | 11. BIRTHPLACE (State or foreign country)  |                                 |                               |
| DOMESTIC  |                  |   | MARYLAND   |                                 |                               |
| 10B. KIND OF BUSINESS OR INDUSTRY   |                  |   | 12. CITIZEN OF WHAT COUNTRY?   |                                 |                               |
| NONE  |                  |   |  |                                 |                               |
| 13. FATHER'S NAME   |                  |   | 14. MOTHER'S MAIDEN NAME   |                                 |                               |
| CHARLES JONES   |                  |   | CLARKA JONES (COLLINS)   |                                 |                               |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)  |                  |   | 16. SOCIAL SECURITY NO.  |                                 |                               |
| Yes, no or unknown  |                  |   | NONE   |                                 |                               |
| 17. INFORMANT   |                  |   | ADDRESS  |                                 |                               |
| CLARKA JONES  |                  |   |  |                                 |                               |
| 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)                            |                  |   | CAUSE OF DEATH   |                                 |                               |
| ANTECEDENT CAUSES   |                  |   | INTERVAL BETWEEN ONSET AND DEATH   |                                 |                               |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.   |                  |   | Myocardial Insufficiency   |                                 |                               |
| II  |                  |   | Arteriosclerosis   |                                 |                               |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   |                  |   |  |                                 |                               |
| 19A. DATE OF OPERATION  |                  |   | 19B. MAJOR FINDINGS OF OPERATION   |                                 |                               |
| None  |                  |   |  |                                 |                               |
| 20. AUTOPSY?  |                  |   | YES <input type="checkbox"/> NO <input type="checkbox"/>   |                                 |                               |
| 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)  |                  |   | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                             |                                 |                               |
| 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)  |                  |   |  |                                 |                               |
| 21D. TIME (Month) (Day) (Year) (Hour)   |                  |   | 21E. INJURY OCCURRED   |                                 |                               |
| 21F. HOW DID INJURY OCCUR?  |                  |   |  |                                 |                               |
| 22. I hereby certify that I attended the deceased from Jan. 4, 1951, to Jan. 25, 1951, that I last saw the deceased alive on Jan. 4, 1951, and that death occurred at 1:30 A.M. from the causes and on the date stated above. |                  |   |  |                                 |                               |
| 23A. SIGNATURE  |                  |   | 23B. ADDRESS   |                                 |                               |
| Richard L. Perry  |                  |   | 2322 Canton Plm  |                                 |                               |
| 23C. DATE SIGNED  |                  |   | 1/25/51  |                                 |                               |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)   |                  |   | 24B. DATE  |                                 |                               |
| Burial  |                  |   | 1-29-1951  |                                 |                               |
| 24C. NAME OF CEMETERY OR CREMATORY  |                  |   | 24D. LOCATION (City, town, or county) (State)  |                                 |                               |
| 711 H Auburn Cemetery   |                  |   | Brooklyn Md.   |                                 |                               |
| DATE RECEIVED BY LOCAL REGISTRAR  |                  |   | REGISTRAR'S SIGNATURE  |                                 |                               |
| JAN 26 1951   |                  |   | W. H. Williams, Jr.  |                                 |                               |
| VS 150  |                  |   | 25. FUNERAL DIRECTOR   |                                 |                               |
|   |                  |   | Charles H. Alexander   |                                 |                               |
|   |                  |   | 1200 11th Avenue Street  |                                 |                               |
|   |                  |   | 720 FA 0000783 093d  |                                 |                               |

1000000000

03700



000  
1 0785

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0785

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

J. Ralph Kaye

2. DATE  
OF  
DEATH

Jan. 24, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

808 Cathedral St.

10 Yrs.  
Mos.  
Days

C. Birth of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Advertising Agent

10B. KIND OF BUSINESS OR INDUSTRY

self-employed

13. FATHER'S NAME

Charles Kaye

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE B. COUNTY

Maryland

none

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

808 Cathedral St.

8. DATE OF BIRTH

1/13/93

9. AGE (In years last birthday)

58

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

Elmira, N.Y.

12. CITIZEN OF WHAT COUNTRY?

U. S.

14. MOTHER'S MAIDEN NAME

L. Bartholomew

17. INFORMANT

ADDRESS

Mrs. Margaret W. Kaye - 808 Cathedral St.

18. 470.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Coronary Thrombosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO  
(C)

Coronary sclerosis

INTERVAL BETWEEN ONSET AND DEATH

12 hours

?

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

January 24, 1951 6:00 p.m.

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 24, 1951, to Jan. 24, 1951, that I last saw the deceased alive on Jan. 24, 1951, and that death occurred at 8 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Edward J. Novak

M. D.

23B. ADDRESS

101 W. Road S.S.

23C. DATE SIGNED

1-26-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

1/26/51

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

John O. Mitchell & Sons

25. FUNERAL DIRECTOR

ADDRESS

John O. Mitchell & Sons-1900 Eutaw Place

JAN 26 1951

VS 150

40080

MB 1/26/51 094a

MEDICAL CERTIFICATION



0.370

40

51 0786

TERRY LYNN HEBBEL  
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0786

Registered No.

BIRTH NO. 51-02043

1. NAME OF DECEASED  
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

C. Birth of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

single

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

CARROLL HEBBEL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18. 760.0

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

INTRACRANIAL HEMORRHAGE

DUE TO

## ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 1-23, 1951, to 1-24, 1951, that I last saw the deceased alive on 1-24, 1951, and that death occurred at 10:50 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Henry M. Seidel

M. D.

JOHNS HOPKINS HOSPITAL

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 26 1951

William Williams, M.D.

L. J. Lusk

5305 Hanford Rd

3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250 251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272 273 274 275 276 277 278 279 280 281 282 283 284 285 286 287 288 289 290 291 292 293 294 295 296 297 298 299 300 301 302 303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330 331 332 333 334 335 336 337 338 339 340 341 342 343 344 345 346 347 348 349 350 351 352 353 354 355 356 357 358 359 360 361 362 363 364 365 366 367 368 369 370 371 372 373 374 375 376 377 378 379 380 381 382 383 384 385 386 387 388 389 390 391 392 393 394 395 396 397 398 399 400 401 402 403 404 405 406 407 408 409 410 411 412 413 414 415 416 417 418 419 420 421 422 423 424 425 426 427 428 429 430 431 432 433 434 435 436 437 438 439 440 441 442 443 444 445 446 447 448 449 450 451 452 453 454 455 456 457 458 459 460 461 462 463 464 465 466 467 468 469 470 471 472 473 474 475 476 477 478 479 480 481 482 483 484 485 486 487 488 489 490 491 492 493 494 495 496 497 498 499 500 501 502 503 504 505 506 507 508 509 510 511 512 513 514 515 516 517 518 519 520 521 522 523 524 525 526 527 528 529 530 531 532 533 534 535 536 537 538 539 540 541 542 543 544 545 546 547 548 549 550 551 552 553 554 555 556 557 558 559 560 561 562 563 564 565 566 567 568 569 570 571 572 573 574 575 576 577 578 579 580 581 582 583 584 585 586 587 588 589 590 591 592 593 594 595 596 597 598 599 600 601 602 603 604 605 606 607 608 609 610 611 612 613 614 615 616 617 618 619 620 621 622 623 624 625 626 627 628 629 630 631 632 633 634 635 636 637 638 639 640 641 642 643 644 645 646 647 648 649 650 651 652 653 654 655 656 657 658 659 660 661 662 663 664 665 666 667 668 669 670 671 672 673 674 675 676 677 678 679 680 681 682 683 684 685 686 687 688 689 690 691 692 693 694 695 696 697 698 699 700 701 702 703 704 705 706 707 708 709 710 711 712 713 714 715 716 717 718 719 720 721 722 723 724 725 726 727 728 729 730 731 732 733 734 735 736 737 738 739 740 741 742 743 744 745 746 747 748 749 750 751 752 753 754 755 756 757 758 759 760 761 762 763 764 765 766 767 768 769 770 771 772 773 774 775 776 777 778 779 780 781 782 783 784 785 786 787 788 789 790 791 792 793 794 795 796 797 798 799 800 801 802 803 804 805 806 807 808 809 810 811 812 813 814 815 816 817 818 819 820 821 822 823 824 825 826 827 828 829 830 831 832 833 834 835 836 837 838 839 840 841 842 843 844 845 846 847 848 849 850 851 852 853 854 855 856 857 858 859 860 861 862 863 864 865 866 867 868 869 870 871 872 873 874 875 876 877 878 879 880 881 882 883 884 885 886 887 888 889 890 891 892 893 894 895 896 897 898 899 900 901 902 903 904 905 906 907 908 909 910 911 912 913 914 915 916 917 918 919 920 921 922 923 924 925 926 927 928 929 930 931 932 933 934 935 936 937 938 939 940 941 942 943 944 945 946 947 948 949 950 951 952 953 954 955 956 957 958 959 960 961 962 963 964 965 966 967 968 969 970 971 972 973 974 975 976 977 978 979 980 981 982 983 984 985 986 987 988 989 990 991 992 993 994 995 996 997 998 999 1000 1001 1002 1003 1004 1005 1006 1007 1008 1009 1010 1011 1012 1013 1014 1015 1016 1017 1018 1019 1020 1021 1022 1023 1024 1025 1026 1027 1028 1029 1030 1031 1032 1033 1034 1035 1036 1037 1038 1039 1040 1

410  
01. 0787BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51. 0787

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

JOHN B. WOLFF

2. DATE  
OF  
DEATH

Jan. 24, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Mercy Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)  
A. STATE  
B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

5223 Cuthbert Ave.

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Bartender

10B. KIND OF BUSINESS OR INDUSTRY

Restaurant

13. FATHER'S NAME

Ernest Wolff

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Mildred A. Wolff - 5223 Cuthbert Ave.

18. 443X I

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATH

2 hrs.

2 1/2 hrs.

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

M.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/24, 1951, to 1/24, 1951, that I last saw the deceased alive on 1/24, 1951, and that death occurred at 11 A.M., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

1/27/51

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

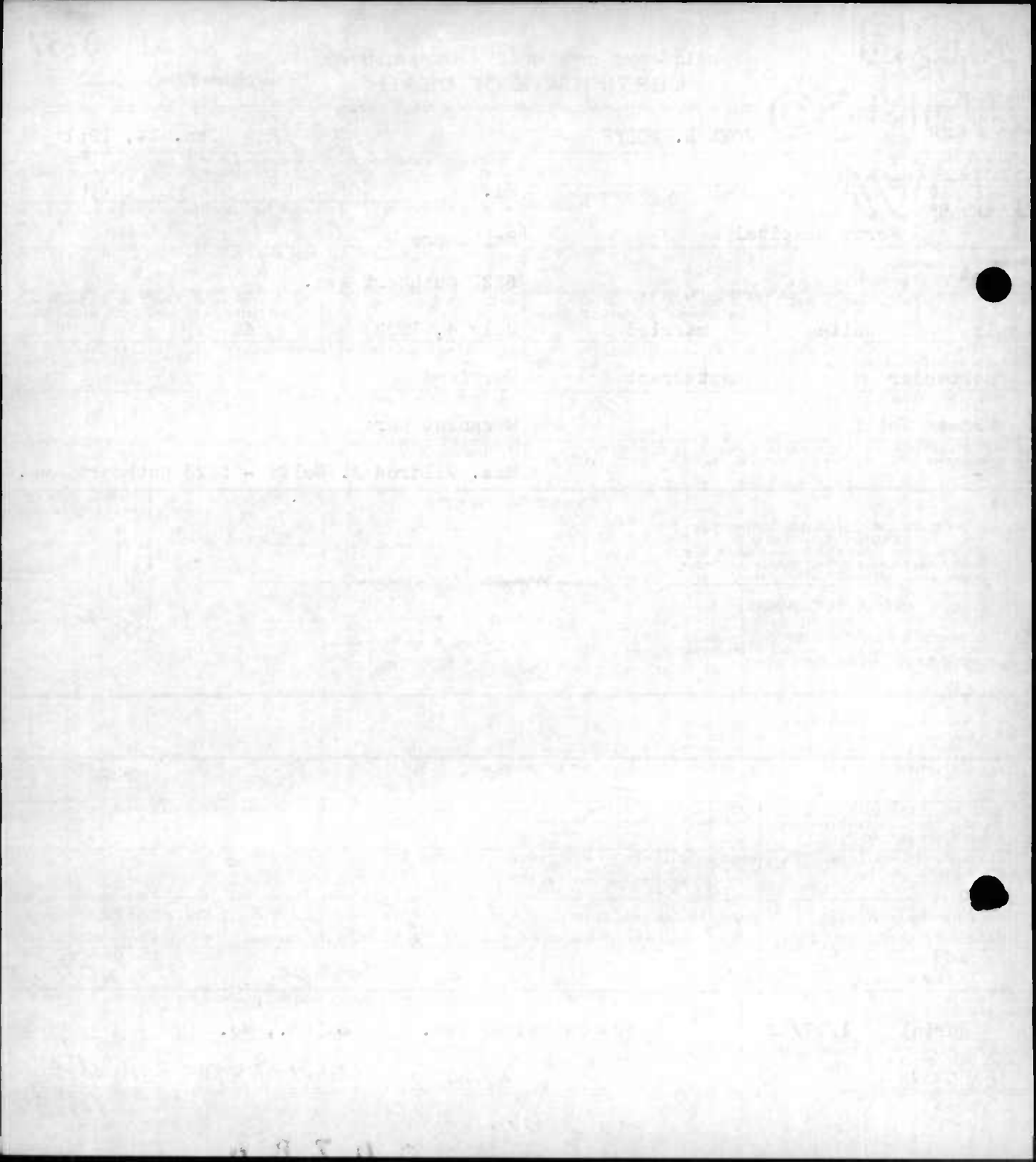
JAN 26 1951

VS 150

750 6M

083a

md



242  
0788

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0788  
Registered No.

|   |                  |  |                  |   |                              |
|---|------------------|--|------------------|---|------------------------------|
| BIRTH NO.   |                  | 1. NAME OF DECEASED<br>(Type or Print)   |                  | 2. DATE OF DEATH  |                              |
|   |                  | Joseph Kozlowski   |                  | 1/25/51   |                              |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland   |                  | 4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)<br>A. STATE Md   |                  |   |                              |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR INSTITUTION   |                  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)                           |                  |   |                              |
| 2314 Cambridge St   |                  | Baltimore Md 1-04  |                  |   |                              |
| C. Length of stay in Baltimore  |                  | D. STREET ADDRESS (If rural, give location)  |                  |   |                              |
| 41 year   |                  | 2314 Cambridge St  |                  |   |                              |
| 5. Yrs. Mos. Days   | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  | 8. DATE OF BIRTH | 9. AGE (In years last birthday)   | 10. Under 1 Year Months Days |
| 17  | W                | Married  | May 3 1891       | 60 59   |                              |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)   |                  | 10B. KIND OF BUSINESS OR INDUSTRY  |                  | 11. BIRTHPLACE (State or foreign country)   | 12. CITIZEN OF WHAT COUNTRY? |
| Laborer   |                  | Steamfitter  |                  | Poland  | U.S.A.                       |
| 13. FATHER'S NAME   |                  | 14. MOTHER'S MAIDEN NAME   |                  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)                    |                              |
| Maciej Kozlowski  |                  | Alexandra ?  |                  | No  |                              |
| 16. SOCIAL SECURITY NO.   |                  | 17. INFORMANT  |                  | ADDRESS   |                              |
| 215-01-6873   |                  | Alexandra Kozlowski  |                  | 2314 Cambridge St   |                              |
| 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, aethenia, etc. It means the disease, injury or complication which caused death.)  |                  | CAUSE OF DEATH   |                  | INTERVAL BETWEEN ONSET AND DEATH  |                              |
| 4201  |                  | Cerebral Disease   |                  |   |                              |
| DUE TO  |                  | (A)  |                  |   |                              |
| ANTECEDENT CAUSES   |                  | (B)  |                  |   |                              |
| DUE TO  |                  | (C)  |                  |   |                              |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   |                  |  |                  |   |                              |
| 19A. DATE OF OPERATION  |                  | 19B. MAJOR FINDINGS OF OPERATION   |                  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |                              |
|   |                  |  |                  |   |                              |
| 21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.  |                  | 21B. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)               |                  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)            |                              |
|   |                  |  |                  |   |                              |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY   |                  | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |                  | 21F. HOW DID INJURY OCCUR?  |                              |
|   |                  |  |                  |   |                              |
| I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> . |                  |  |                  |   |                              |
| 23A. SIGNATURE  |                  | 23B. CHIEF MEDICAL EXAMINER  |                  | 23C. DATE SIGNED  |                              |
| P.D. Tulinski   |                  | M.D.   |                  | 1/25/51   |                              |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)   |                  | 24B. DATE  |                  | 24C. NAME OF CEMETERY OR CREMATORY  |                              |
| Burial  |                  | Jan 29 1951  |                  | John Holy Rosary  |                              |
| DATE RECEIVED BY LOCAL REGISTRAR  |                  | REGISTRAR'S SIGNATURE  |                  | 25. FUNERAL DIRECTOR  |                              |
|   |                  | Wm. H. Williams, Jr.   |                  | John H. Weber   |                              |
|   |                  |  |                  | ADDRESS   |                              |
|   |                  |  |                  | 401 S. Chas. St   |                              |

MEDICAL CERTIFICATION

MAJOR OF HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Register No.

DATE OF DEATH  
PLACE OF DEATH

DECEASED'S NAME  
AGE

SEX  
MARRIAGE

EDUCATION  
OCCUPATION

RELIGION  
RACE

DATE OF BIRTH  
PLACE OF BIRTH

DATE OF DEATH  
PLACE OF DEATH

DECEASED'S NAME  
AGE

SEX  
MARRIAGE

EDUCATION  
OCCUPATION

RELIGION  
RACE

DATE OF BIRTH  
PLACE OF BIRTH

DATE OF DEATH  
PLACE OF DEATH

DECEASED'S NAME  
AGE

SEX  
MARRIAGE

EDUCATION  
OCCUPATION

CAUSE OF DEATH

1. Immediate Cause of Death  
2. Intermediate Cause of Death  
3. Remote Cause of Death  
4. Contributing Cause of Death  
5. Manner of Death  
6. Place of Death  
7. Date of Death  
8. Time of Death  
9. Signature of Physician  
10. Signature of Registrar

11. Signature of Medical Examiner  
12. Signature of Coroner  
13. Signature of Jury  
14. Signature of Witnesses  
15. Signature of Deceased  
16. Signature of Next of Kin  
17. Signature of Minister of Religion  
18. Signature of Priest  
19. Signature of Rabbi  
20. Signature of Imam

21. Signature of Minister of Religion  
22. Signature of Priest  
23. Signature of Rabbi  
24. Signature of Imam  
25. Signature of Minister of Religion  
26. Signature of Priest  
27. Signature of Rabbi  
28. Signature of Imam  
29. Signature of Minister of Religion  
30. Signature of Priest

31. Signature of Rabbi  
32. Signature of Imam  
33. Signature of Minister of Religion  
34. Signature of Priest  
35. Signature of Rabbi  
36. Signature of Imam  
37. Signature of Minister of Religion  
38. Signature of Priest  
39. Signature of Rabbi  
40. Signature of Imam



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0789

Registered No.

300  
1 0789  
BIRTH NO.

1. NAME OF DECEASED  
(Type or Print) *Maxion N. Wood.*

2. DATE OF DEATH *1.24.51*

3. PLACE OF DEATH:  
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)  
A. STATE *Id.* B. COUNTY

5. FULL NAME OF HOSPITAL OR INSTITUTION *3612 West Bay Ave.*

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
*Baltimore*

7. STREET ADDRESS (If rural, give location)  
*3612 West Bay Ave.*

8. DATE OF BIRTH *10.4.07*

9. AGE (In years last birthday) *43.*

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
*Housework*

11. BIRTHPLACE (State or foreign country)  
*Chicago, Ill*

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME  
*Howard M. North*

14. MOTHER'S MAIDEN NAME  
*Maxion M. Hinked*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)  
*No*

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS  
*Family - Same*

18. *171X*  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  
*Carcinoma of Cervix*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CERTIFICATION APPROVED BY  
*Stanley K. Deubler* M. D.  
CHIEF OR ASST. MEDICAL EXAMINER.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *never saw Patient before*, 19*50*, to *1951*, that I last saw the deceased alive on *December 19*, and that death occurred at *m.*, from the causes and on the date stated above.

23A. SIGNATURE  
*Samuel Rubin* M. D.

23B. ADDRESS  
*203 Betapace Ave*

23C. DATE SIGNED  
*1/25/51*

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE  
*1.27.51*

24C. NAME OF CEMETERY OR CREMATORY  
*Cedar Hill*

24D. LOCATION (City, town, or county) (State)  
*Baltimore*

DATE RECEIVED BY LOCAL REGISTRAR  
*JAN 26 1951*

REGISTRAR'S SIGNATURE  
*Thurston Williams, M.D.*

25. FUNERAL DIRECTOR ADDRESS  
*James L. H. Casey*  
*130 E. South Ave.*

VS 150

048a

Dr. Rubin

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. 51 0790

BIRTH NO. 160

|   |                            |  |   |
|---|----------------------------|--|---|
| 1. NAME OF DECEASED<br>(Type or Print) <u>Kiper, Frank Harry</u>  |                            | 2. DATE OF DEATH <u>January 25, 1951</u>   |   |
| 3. PLACE OF DEATH:<br>A. <u>Baltimore City, Maryland</u>  |                            | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <u>Maryland</u><br>B. COUNTY _____ |   |
| B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)<br><u>St. Joseph's</u> |                            | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><u>Baltimore</u>                                     |   |
| D. Length of stay in Baltimore<br>Yrs. _____<br>Mos. _____<br>Days _____  |                            | E. STREET ADDRESS (If rural, give location)<br><u>2401 E. Madison St.</u>  |   |
| 5. SEX <u>M.</u>  | 6. COLOR OR RACE <u>W.</u> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Married</u>  | 8. DATE OF BIRTH <u>1908</u>              |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Baker</u>                         |                            | 10B. KIND OF BUSINESS OR INDUSTRY<br><u>Self-employed</u>  | 9. AGE (In years last birthday) <u>43</u> |
| 11. BIRTHPLACE (State or foreign country)<br><u>Baltimore</u>   |                            | 12. CITIZEN OF WHAT COUNTRY?<br>_____  |   |
| 13. FATHER'S NAME<br><u>Thomas Kiper</u>  |                            | 14. MOTHER'S MAIDEN NAME<br><u>Catherine Wagner</u>  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)                             |                            | 16. SOCIAL SECURITY NO. _____  |   |
| 17. INFORMANT<br><u>Martha Kiper</u>  |                            | ADDRESS<br><u>2401 E. Madison St</u>   |   |

|   |   |   |
|---|---|---|
| 18. <u>H10X</u><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)                                       | CAUSE OF DEATH<br>(A) <u>Cardiac disease, valvular, aortic and mitral</u><br>DUE TO<br>(B) <u>rheumatic basis (inactive)</u><br>DUE TO<br>(C) _____ | INTERVAL BETWEEN ONSET AND DEATH<br>_____ |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br>II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. |   |   |

|  |   |   |
|--|---|---|
| 19A. DATE OF OPERATION <u>2</u>              | 19B. MAJOR FINDINGS OF OPERATION  | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)   | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)            |
| 21D. TIME (Month) (Day) (Year) (Hour) INJURY | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21F. HOW DID INJURY OCCUR?  |

22. I hereby certify that I attended the deceased from January 15, 1951 to January 25, 1951, that I last saw the deceased alive on Jan. 25, 1951, and that death occurred at 2:15 a.m., from the causes and on the date stated above.

|   |                                   |  |
|---|-----------------------------------|--|
| 23A. SIGNATURE<br><u>Dr. Rodriguez Vega</u> | M. O. <u>1100 N. Caroline St.</u> | 23C. DATE SIGNED<br><u>Jan. 25, 1951</u> |
|---|-----------------------------------|--|

|  |                                |  |   |
|--|--------------------------------|--|---|
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Buried</u> | 24B. DATE<br><u>Jan. 29/51</u> | 24C. NAME OF CEMETERY OR CREMATORY<br><u>St Stanislaus</u> | 24D. LOCATION (City, town, or county) (State)<br><u>Baltimore</u> |
| DATE RECEIVED BY LOCAL REGISTRAR<br><u>Jan 26 1951</u>     |                                | REGISTRAR'S SIGNATURE<br><u>John Williams, M.D.</u>        | 25. FUNERAL DIRECTOR<br><u>Fred M. Ozazewski</u>                  |
|  |                                | ADDRESS<br>_____   |   |

29044 1930 Eastern Ave 92B  
FEB 1 1951

MEDICAL CERTIFICATION

Was the R.C. condition ascertained  
by a live R.F. at the time of death?  
or

inaction, guessant — a chronic condition?

See Document File 51-0790

2/5/1951

ES

W-314  
51. 0791BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51. 0791  
Registered No.

|   |  |  |  |
|---|--|--|--|
| 1. NAME OF DECEASED<br>HENRY WHITFIELD  |  | 2. DATE OF DEATH<br>Jan 22 1957  |  |
| 3. PLACE OF DEATH:<br>Baltimore City, Maryland  |  | 4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)<br>A. STATE <u>md</u><br>B. COUNTY <u>md</u> |  |
| 5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location)<br>2421 Etting St<br>? Yrs. Mos. Days   |  | 6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br>Baltimore 13-03                                    |  |
| 7. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br>LABORER               |  | 8. DATE OF BIRTH<br>1892 58 59   |  |
| 9. FATHER'S NAME<br>J   |  | 10. KIND OF BUSINESS OR INDUSTRY<br>—  |  |
| 11. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(If yes, give war or dates of service)<br>yes WW #1   |  | 12. CITIZEN OF WHAT COUNTRY?<br>U. S. A.   |  |
| 13. SOCIAL SECURITY NO.<br>—  |  | 14. MOTHER'S MAIDEN NAME<br>?  |  |
| 15. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br>Mitral Insufficiency |  | 16. INTERVAL BETWEEN ONSET AND DEATH<br>76 days  |  |
| 17. ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br>Arterio-sclerosis   |  | 18. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.                |  |
| 19A. DATE OF OPERATION<br>—   |  | 19B. MAJOR FINDINGS OF OPERATION   |  |
| 20A. ACCIDENT, SUICIDE, HOMICIDE (Specify)  |  | 20B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)  |  |
| 21A. TIME (Month) (Day) (Year) (Hour) OF INJURY   |  | 21B. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)   |  |
| 22. I hereby certify that I attended the deceased from 11-10-1950 to 1-25-1957 that I last saw the deceased alive on 1-25-1957 and that death occurred at 4:20 P. M., from the causes and on the date stated above.         |  | 23. DATE SIGNED<br>1/25/57   |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial   |  | 24B. DATE<br>Jan 29 1957   |  |
| 24C. NAME OF CEMETERY OR CREMATORY<br>Baltimore Nat   |  | 24D. LOCATION (City, town, or county) (State)<br>Baltimore md  |  |
| 25. FUNERAL DIRECTOR<br>Geo. H. Nelson  |  | 26. ADDRESS<br>1303 Pressman St.   |  |

MEDICAL CERTIFICATE

JAN 26 1957  
VS 150

97088

0926

1930  
58  

---

1892



R-316  
51 0792

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0792  
Registered No.

|   |  |  |   |  |  |
|---|--|--|---|--|--|
| BIRTH NO.   |  |  | 2. DATE OF DEATH  |  |  |
| 1. NAME OF DECEASED (Type or Print)   |  |  | January 24, 1951  |  |  |
| WILSON  |  |  | REDFERN   |  |  |
| 3. PLACE OF DEATH:  |  |  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) |  |  |
| A. Baltimore City, Maryland   |  |  | A. STATE Maryland   |  |  |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)        |  |  | B. COUNTY   |  |  |
| South Baltimore General Hospital  |  |  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)          |  |  |
|   |  |  | Baltimore   |  |  |
| D. STREET ADDRESS (If rural, give location)   |  |  | 2802 Baker Street   |  |  |
| 5. Length of stay in Baltimore  |  |  | 8. DATE OF BIRTH  |  |  |
| Male  |  |  | July 28 1918  |  |  |
| 6. COLOR OR RACE  |  |  | 9. AGE (In years last birthday)   |  |  |
| Colored   |  |  | 32  |  |  |
| 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)   |  |  | 11. BIRTHPLACE (State or foreign country)   |  |  |
| S   |  |  | Chesterfield S. C.  |  |  |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) |  |  | 12. CITIZEN OF WHAT COUNTRY?  |  |  |
| Laborer   |  |  | U. S. A.  |  |  |
| 10B. KIND OF BUSINESS OR INDUSTRY   |  |  | 14. MOTHER'S MAIDEN NAME  |  |  |
| Holtite Plant   |  |  | Susie Redfern   |  |  |
| 13. FATHER'S NAME   |  |  | 17. INFORMANT   |  |  |
| Charlie Ball  |  |  | Wade Redfern 1312 Edmondson Ave.  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)                            |  |  | 16. SOCIAL SECURITY NO.   |  |  |
| no  |  |  | ?   |  |  |

|  |  |                                   |  |                                  |  |
|--|--|-----------------------------------|--|----------------------------------|--|
| 18. E 916.3  |  | CAUSE OF DEATH                    |  | INTERVAL BETWEEN ONSET AND DEATH |  |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH   |  | Third degree burns of entire body |  |                                  |  |
| (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) |  | (A) DUE TO                        |  |                                  |  |
| ANTECEDENT CAUSES  |  | (B) DUE TO                        |  |                                  |  |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.                                    |  | (C) DUE TO                        |  |                                  |  |
| II   |  |                                   |  |                                  |  |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.                              |  |                                   |  |                                  |  |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 19A. DATE OF OPERATION  |  | 19B. MAJOR FINDINGS OF OPERATION   |  | 20. AUTOPSY?   |  |
|   |  |  |  | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>      |  |
| 21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.   |  | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)     |  | 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? |  |
|   |  | Industrial place   |  | Holtite Manufacturing Co. Warner & Ostend Streets                        |  |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY   |  | 21E. INJURY OCCURRED   |  | 21F. HOW DID INJURY OCCUR?   |  |
| Jan. 24, 1951 11:00 A. m.   |  | WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | Burned in an explosion   |  |
| I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> . |  |  |  |  |  |
| 23A. SIGNATURE  |  | 23B. CHIEF MEDICAL EXAMINER.....   |  | 23C. DATE SIGNED   |  |
| William V. Lovett   |  | M.D.   |  | Jan. 25, 1951  |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)   |  | 24C. NAME OF CEMETERY or CREMATORY   |  | 24D. LOCATION (City, town, or county) (State)                            |  |
| 1/25/51   |  | Chesterfield   |  | Chesterfield, S. C.  |  |

|                                  |  |                       |  |                                 |  |         |  |
|----------------------------------|--|-----------------------|--|---------------------------------|--|---------|--|
| DATE RECEIVED BY LOCAL REGISTRAR |  | REGISTRAR'S SIGNATURE |  | 25. FUNERAL DIRECTOR            |  | ADDRESS |  |
| Jan 26 1951                      |  |                       |  | G. G. Kelson 1303 Presstman St. |  |         |  |
| VS 151                           |  | N-948.2               |  | 9704U                           |  | 150.0   |  |





C-416  
51 0793BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0793

Registered No.

|   |                              |  |   |  |                                  |
|---|------------------------------|--|---|--|----------------------------------|
| BIRTH NO.   |                              | 1. NAME OF DECEASED<br>(Type or Print) <i>Aloysius Colbert</i>   |   | 2. DATE OF DEATH <i>1.25.51</i>  |                                  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland <i>201 N. Cold Spring Lane</i>  |                              | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. State <i>BALTO</i> COUNTY <i>BALTO</i> |   |  |                                  |
| B. FULL NAME OF HOSPITAL OR INSTITUTION<br><i>Bar-Wil-Bar Nursing Home</i>  |                              | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><i>md. 16-01</i>                                   |   |  |                                  |
| C. Length of stay in Baltimore <i>Life</i>  |                              | D. STREET ADDRESS (If rural, give location)<br><i>1427 W. Lafayette Ave</i>  |   |  |                                  |
| 5. SEX<br><i>m</i>  | 6. COLOR OR RACE<br><i>C</i> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><i>w</i>  | 8. DATE OF BIRTH<br><i>May 24, 1892</i> | 9. AGE (in years last birthday)<br><i>58</i>                             | 10. Under 1 Year<br>Months: Days |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><i>Salvage</i>   |                              | 10B. KIND OF BUSINESS OR INDUSTRY<br><i>—</i>  |   | 11. BIRTH PLACE (State or foreign country)<br><i>Balto. Md</i>           |                                  |
| 12. CITIZEN OF WHAT COUNTRY?<br><i>U.S.A.</i>   |                              | 13. FATHER'S NAME<br><i>Wm J. Colbert</i>  |   | 14. MOTHER'S MAIDEN NAME<br><i>Martha Boldon</i>                         |                                  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)<br><i>no</i>  |                              | 16. SOCIAL SECURITY NO.<br><i>317-03-8387</i>  |   | 17. INFORMANT<br><i>Clarence Colbert</i>                                 |                                  |
| 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><i>193X I</i>                                       |                              | CAUSE OF DEATH<br><i>Carcinoma of Brain</i>  |   | INTERVAL BETWEEN ONSET AND DEATH<br><i>?</i>                             |                                  |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br>(B)<br>(C)  |                              | DUE TO   |   |  |                                  |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   |                              |  |   |  |                                  |
| 19A. DATE OF OPERATION<br><i>?</i>  |                              | 19B. MAJOR FINDINGS OF OPERATION<br><i>?</i>   |   | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |                                  |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH<br><input type="checkbox"/>   |                              | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   |   | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) |                                  |
| 21D. TIME (Month) (Day) (Year) (Hour)<br>INJURY   |                              | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                          |   | 21F. HOW DID INJURY OCCUR?   |                                  |
| 22. I hereby certify that I attended the deceased from <i>Jan. 22, 1951</i> to <i>Jan. 25, 1951</i> ; that I last saw the deceased alive on <i>Jan. 22, 1951</i> and that death occurred at <i>9 a.m.</i> , from the causes and on the date stated above. |                              |  |   |  |                                  |
| 23A. SIGNATURE<br><i>Dr. P. Johnson</i>   |                              | 23B. ADDRESS<br><i>403 Med arts Bldg</i>   |   | 23C. DATE SIGNED<br><i>1.25.51</i>                                       |                                  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><i>Burial</i>  |                              | 24B. DATE<br><i>1/29/51</i>  |   | 24C. NAME OF CEMETERY OR CREMATORY<br><i>St Peter</i>                    |                                  |
| 24D. LOCATION (City, town, or county)<br><i>Balto. Md</i>   |                              | 24E. FUNERAL DIRECTOR<br><i>Geo. H. Kelson</i>   |   | 24F. ADDRESS<br><i>1303 2</i>  |                                  |

MEDICAL CERTIFICATION

VS 150

JAN 26 1951

97099

5100

0546

1-2-61

Dear Mr. [illegible]  
[illegible]  
[illegible]

Yours faithfully  
[illegible]

AVIVA

[illegible]  
[illegible]  
[illegible]  
[illegible]  
[illegible]

E-142

51 0794

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0794

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Anna F. Ebelke

2. DATE  
OF  
DEATH

Jan. 25, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or  
location)

638 S. Ponca Street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

638 S. Ponca Street

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Feb. 23, 1877

9. AGE (In years  
last birthday)

73

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

? Dietrich

14. MOTHER'S MAIDEN NAME

Anna

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Frederick W. Ebelke, 638 S. Ponca Street

18. 443X I

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)(A) .....  
DUE TO

Cerebral hemorrhage

2 hours

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) .....  
DUE TOHypertensive arteriosclerosis  
cardiovascular disease

15 yrs

(C) .....  
DUE TO

arteriosclerosis

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK22. I hereby certify that I attended the deceased from July, 1927, to Jan 25, 1951, that I last saw the  
deceased alive on 1-25, 1951, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

burial

1/29/51

Parkwood Cemetery

Parkville,

Maryland

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 26 1951

VS 150

Wm. Cook, Inc., 1217 St. Paul Street

093d

1914

1914

1914

1914

1914

1914

P-200

51 0795

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Fred Posey

2. DATE  
OF  
DEATH1/24/51 1<sup>15</sup> a.m.

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

23 S. Fremont Ave

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

3/13/1873

9. AGE (in years  
last birthday)

77

10 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.10a. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Owner

10b. KIND OF BUSINESS OR  
INDUSTRY

Confectionery

13. FATHER'S NAME

Geo. Wm Posey

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF  
WHAT COUNTRY?15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Grace Wright 828 Hollins St.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

Cerebral Hemorrhage

3 weeks

ANTECEDENT CAUSES

(B) DUE TO

Cardio-vascular disease

?

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(C) DUE TO

1

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21a. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐22. I hereby certify that I attended the deceased from Jan 2, 1951, to Jan 24, 1951, that I last saw the  
deceased alive on Jan 24, 1951, and that death occurred at 1<sup>15</sup> A.M., from the causes and on the date stated above.

23a. SIGNATURE

Henry Grossman

M. O.

23b. ADDRESS

253 W. Lytle St.

23c. DATE SIGNED

Jan 28, 51

24a. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 26 1951

William M. Williams

Wm. Gork Inc. 1217 St. Paul St.

Easton University  
Easton, Maryland

11/21/51  
253.50  
11/21/51

11/21/51  
11/21/51

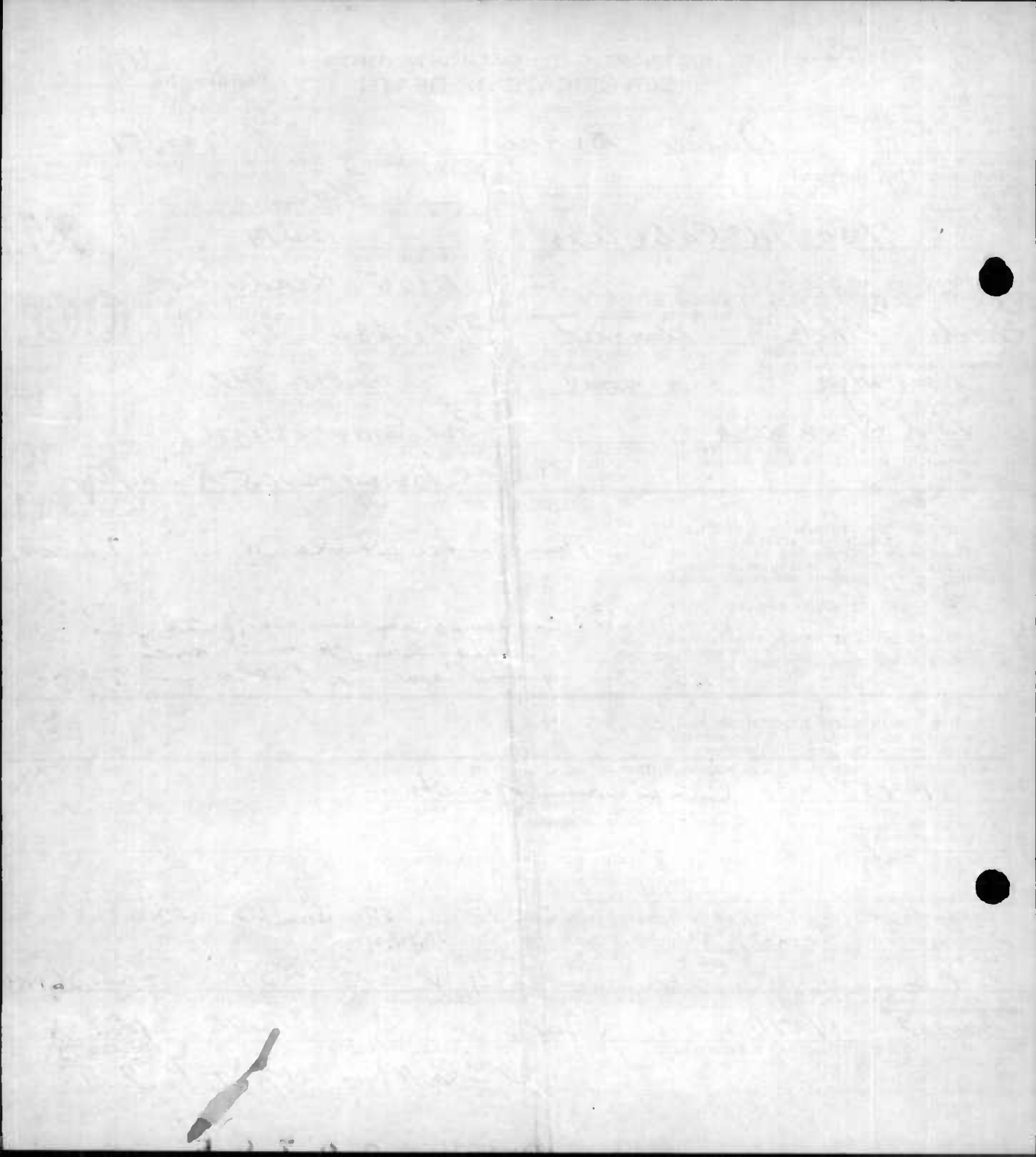


73-600  
51 0796

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0796  
Registered No.

|   |                                  |   |                                     |   |   |
|---|----------------------------------|---|-------------------------------------|---|---|
| BIRTH NO.   |                                  | 1. NAME OF DECEASED<br>(Type or Print) <i>Daisy Berry</i>   |                                     | 2. DATE OF DEATH <i>1/25/51</i>   |   |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland   |                                  | 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)<br>A. STATE <i>Md</i> B. COUNTY   |                                     |   |   |
| B. FULL NAME OF HOSPITAL OR INSTITUTION<br><i>732 McCabe Ave</i>  |                                  | C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)<br><i>Balto 27-48</i>   |                                     |   |   |
| C. Length of stay in Baltimore<br>Yrs. Mos. Days  |                                  | D. STREET ADDRESS (If rural, give location)<br><i>6105 Ready Ave</i>  |                                     |   |   |
| 5. SEX<br><i>Female</i>   | 6. COLOR OR RACE<br><i>White</i> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><i>Married</i>   | 8. DATE OF BIRTH<br><i>2/4/1886</i> | 9. AGE (In years last birthday)<br><i>64</i>  | 10. Under 1 Year Months: Days 11 Under 24 Hours Hours: Min. |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)<br><i>Housewife</i>   |                                  | 10B. KIND OF BUSINESS OR INDUSTRY<br><i>Own Home</i>  |                                     | 11. BIRTHPLACE (State or foreign country)<br><i>Balto. Md.</i>                      |   |
| 12. CITIZEN OF WHAT COUNTRY?  |                                  | 13. FATHER'S NAME<br><i>Fred Steinmiller</i>  |                                     | 14. MOTHER'S MAIDEN NAME<br><i>Cora Gravenstein</i>                                 |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)   |                                  | 16. SOCIAL SECURITY NO.   |                                     | 17. INFORMANT ADDRESS<br><i>Wm C. Berry 6105 Ready Ave</i>                          |   |
| 18. <i>153X</i><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br>ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br>II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. |                                  | CAUSE OF DEATH<br>(A) <i>Fever under etiology.</i><br>DUE TO<br>(B) <i>?? carcinoma liver (primary) ??</i><br>DUE TO <i>or secondary to metastases from carcinoma of colon.</i><br>(C) <i>5 yr.</i> |                                     | INTERVAL BETWEEN ONSET AND DEATH<br><i>7 weeks</i>                                  |   |
| 19A. DATE OF OPERATION<br><i>1945</i>   |                                  | 19B. MAJOR FINDINGS OF OPERATION<br><i>Carcinoma of rectum.</i>   |                                     | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |   |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH   |                                  | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)   |                                     | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)            |   |
| 21D. TIME (Month) (Day) (Year) (Hour) INJURY  |                                  | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |                                     | 21F. HOW DID INJURY OCCUR?  |   |
| 22. I hereby certify that I attended the deceased from <i>Jan 13</i> , 1950, to <i>Jan 25</i> , 1950, that I last saw the deceased alive on <i>Jan 20</i> , 1950 and that death occurred at <i>10:30 AM</i> from the causes and on the date stated above.   |                                  |   |                                     |   |   |
| 23A. SIGNATURE<br><i>Norman R. Freeman</i>  |                                  | 23B. ADDRESS<br><i>11 W. 29th St.</i>   |                                     | 23C. DATE SIGNED<br><i>Jan 26 1951</i>  |   |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><i>Burial</i>  |                                  | 24B. DATE<br><i>1/27/51</i>   |                                     | 24C. NAME OF CEMETERY OR CREMATORY<br><i>Balto</i>                                  |   |
| 24D. LOCATION (City, town, or county) (State)<br><i>Balto. Md.</i>  |                                  | 25. FUNERAL DIRECTOR ADDRESS<br><i>Wm Cook Inc. 1217 St. Paul St.</i>   |                                     |   |   |



# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 0797  
Registered No. \_\_\_\_\_

BIRTH NO. 51 0797

|   |                                  |   |  |  |  |
|---|----------------------------------|---|--|--|--|
| 1. NAME OF DECEASED<br>(Type or Print)<br><b>William John Allan</b>   |                                  |   | 2. DATE OF DEATH<br><b>Jan. 26, 1951</b>   |  |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland   |                                  |   | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>Maryland</b><br>B. COUNTY _____ |  |  |
| B. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>16 S. Highland Avenue</b>   |                                  |   | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore</b>                                     |  |  |
| C. Length of stay in Baltimore<br>Yrs. _____<br>Mos. _____<br>Days _____  |                                  |   | D. STREET ADDRESS (If rural, give location)<br><b>16 S. Highland Avenue</b>  |  |  |
| 5. SEX<br><b>male</b>   | 6. COLOR OR RACE<br><b>white</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>married</b> | 8. DATE OF BIRTH<br><b>Jan. 6, 1883</b>  |  | 9. AGE (In years last birthday)<br><b>68</b> |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Carpenter</b> |                                  |   | 11. BIRTHPLACE (State or foreign country)<br><b>Scotland</b>   |  | 12. CITIZEN OF WHAT COUNTRY?<br>_____        |
| 13. FATHER'S NAME<br><b>William J. Allan</b>  |                                  |   | 14. MOTHER'S MAIDEN NAME<br><b>Elizabeth Hasson</b>  |  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)<br><b>no</b>                                  |                                  | 16. SOCIAL SECURITY NO.<br>_____                                  | 17. INFORMANT ADDRESS<br><b>Polly W. Allan, 16 S. Highland Avenue</b>  |  |  |

|  |   |   |
|--|---|---|
| 18. <b>421.4 I</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><br><b>ANTECEDENT CAUSES</b><br><br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><br><b>II</b><br><br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | CAUSE OF DEATH<br>(A) <b>Hemiplegia left side</b><br>DUE TO <b>second time. First Feb. 1949.</b><br>(B) _____<br>DUE TO <b>accident + I.S.</b><br>(C) <b>Endocarditis</b> | INTERVAL BETWEEN ONSET AND DEATH<br>_____ |
|--|---|---|

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| 19A. DATE OF OPERATION<br><b>0</b>   |  | 19B. MAJOR FINDINGS OF OPERATION<br>_____   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>          |  |
| 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)<br>_____  |  | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)<br>_____        |  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)<br>_____ |  |
| 21D. TIME (Month) (Day) (Year) (Hour)<br>INJURY<br>_____   |  | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21F. HOW DID INJURY OCCUR?<br>_____   |  |
| 22. I hereby certify that I attended the deceased from <b>Feb 1945</b> , to <b>Jan 26</b> , 1951, that I last saw the deceased alive on <b>Jan 25</b> , 1951, and that death occurred at <b>1:29</b> m., from the causes and on the date stated above. |  |   |  |   |  |
| 23A. SIGNATURE<br><b>Wm. Cook, Jr.</b>   |  | 23B. ADDRESS<br><b>817 Medical Air Bldg.</b>  |  | 23C. DATE SIGNED<br><b>Jan 26, 51</b>   |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>burial</b>   |  | 24B. DATE<br><b>1/29/51</b>   |  | 24C. NAME OF CEMETERY OR CREMATORY<br><b>Moreland Park Cemetery</b>               |  |
| 24D. LOCATION (City, town, or county) (State)<br><b>Parkville, Maryland</b>  |  | 25. FUNERAL DIRECTOR ADDRESS<br><b>Wm. Cook, Jr., 1217 St. Paul Street</b>                                |  |   |  |

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51 0798

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0798  
Registered No.

BIRTH NO.

|  |                           |  |                                  |
|--|---------------------------|--|----------------------------------|
| 1. NAME OF DECEASED<br>(Type or Print) Daniel A. Lock  |                           | 2. DATE OF DEATH<br>Jan. 26, 1951  |                                  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland  |                           | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE Md.<br>B. COUNTY |                                  |
| 5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location)<br>626 W. Cross St.  |                           | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br>Baltimore                          |                                  |
| D. STREET ADDRESS (If rural, give location)<br>626 W. Cross St.  |                           | E. LENGTH OF STAY IN BALTIMORE<br>Life   |                                  |
| 5. SEX<br>Male   | 6. COLOR OR RACE<br>White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br>Widowed   | 8. DATE OF BIRTH<br>Feb. 7, 1866 |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Plumber   |                           | 10B. KIND OF BUSINESS OR INDUSTRY<br>Retired   |                                  |
| 13. FATHER'S NAME<br>John A. Lock  |                           | 14. MOTHER'S MAIDEN NAME<br>Wagner   |                                  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)  |                           | 16. SOCIAL SECURITY NO.<br>218-05-7393A  |                                  |
| 17. INFORMANT<br>Vernon D. Lock  |                           | ADDRESS<br>3100 Wilkins Ave  |                                  |
| 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br>Mycocarditis              |                           | INTERVAL BETWEEN ONSET AND DEATH<br>12 years   |                                  |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br>Arteriosclerosis, generalized  |                           | 15 years   |                                  |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  |                           |  |                                  |
| 19A. DATE OF OPERATION   |                           | 19B. MAJOR FINDINGS OF OPERATION   |                                  |
| 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>   |                           |  |                                  |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  |                           | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)                          |                                  |
| 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)   |                           |  |                                  |
| 21D. TIME (Month) (Day) (Year) (Hour) INJURY   |                           | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>          |                                  |
| 21F. HOW DID INJURY OCCUR?   |                           |  |                                  |
| 22. I hereby certify that I attended the deceased from Dec 1st, 1939, to Jan 25th, 1951, that I last saw the deceased alive on Jan 25, 1951, and that death occurred at 3:24 a.m., from the causes and on the date stated above. |                           |  |                                  |
| 23A. SIGNATURE<br>James Kates  |                           | 23B. ADDRESS<br>517 Scott St.  |                                  |
| 23C. DATE SIGNED<br>Jan 26/51  |                           |  |                                  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial  |                           | 24B. DATE<br>Jan 29, 1951  |                                  |
| 24C. NAME OF CEMETERY OR CREMATORY<br>Landon Park  |                           | 24D. LOCATION (City, town, or county) (State)<br>Baltimore   |                                  |
| DATE RECEIVED BY LOCAL REGISTRAR<br>JAN 26 1951  |                           | REGISTRAR'S SIGNATURE<br>Fred H. Cole  |                                  |
| FURNERAL DIRECTOR<br>1913 W. Balto, Md   |                           | ADDRESS  |                                  |

MEDICAL CERTIFICATION

10 June  
Intersecting points 15 June

80 km  
517 km  
215 km  
20.1982  
see 14 at 20.1982

21 June  
Intersecting



F-655  
51 0799BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 0799

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Raileigh W. Freeman.

2. DATE  
OF  
DEATH

January 24, 1951.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

614 S. Para St.

C. Birth of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

male

6. COLOR OR RACE

C

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR  
INDUSTRY

Construction Work

13. FATHER'S NAME

William Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

8. DATE OF BIRTH

May 15, 1886, 64

9. AGE (in years -  
last birthday)If Under 1 Year  
Months Days Hours Min.

11. BIRTH PLACE (State or foreign country)

Bertie, N. C.

12. CITIZEN OF  
WHAT COUNTRY?

U. S. A.

14. MOTHER'S MAIDEN NAME

Cecelia

17. INFORMANT

ADDRESS

William Freeman (son), 523 W. Cross St.

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Cerebral Hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Artem. Sclerom

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-17, 1951, to 1-24, 1951, that I last saw the deceased alive on 1-24, 1951, and that death occurred at 10:08 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

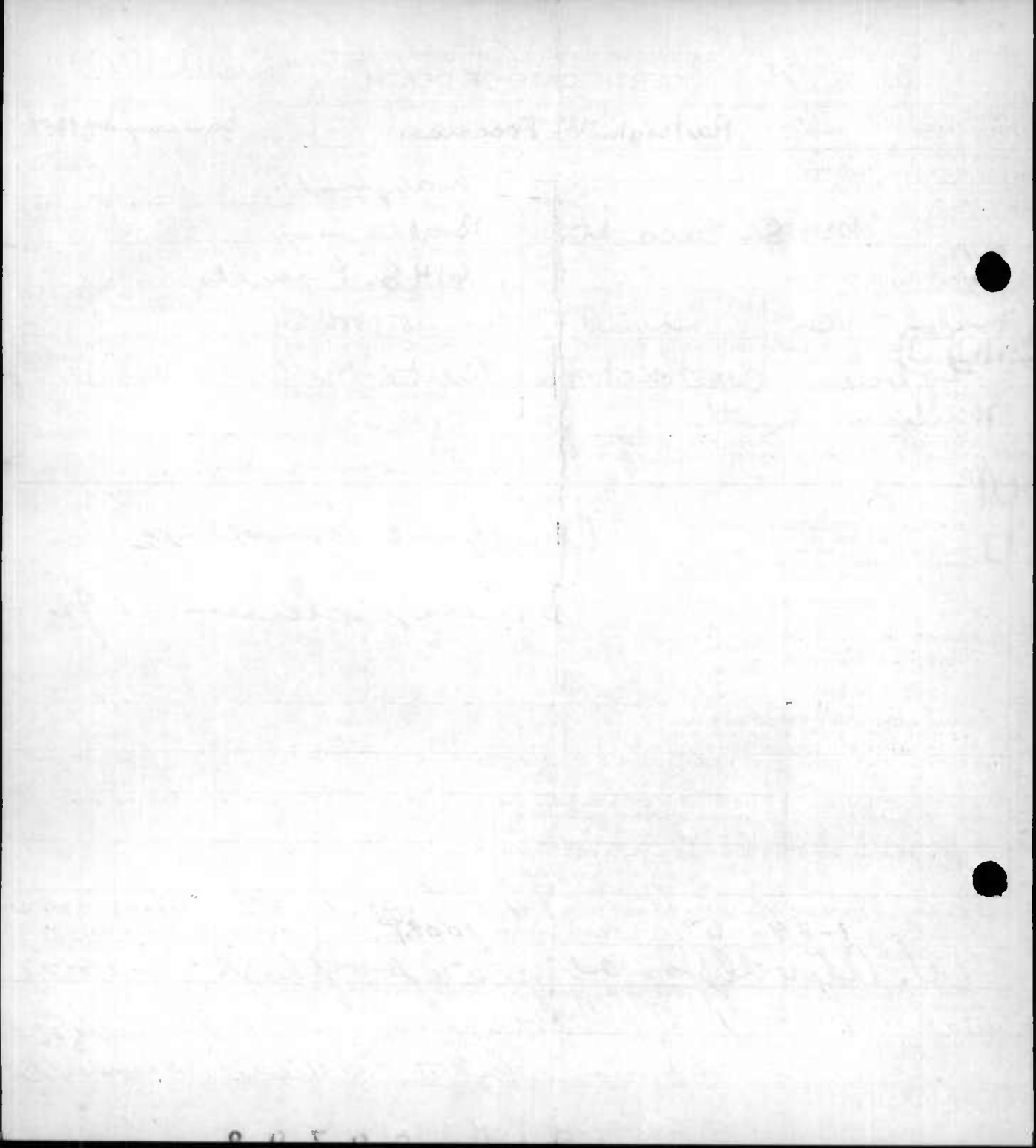
ADDRESS

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51 0800

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0800

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Jennie S. Branch.

2. DATE  
OF  
DEATH

Jan. 23, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

826 N. Carrollton Ave.

C. Birth of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

C

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

Jesse Saunders.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no

16. SOCIAL SECURITY NO.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

16-01

D. STREET ADDRESS (If rural, give location)

826 N. Carrollton Ave.

8. DATE OF BIRTH

November 20, 1880

9. AGE (In years last birthday)

70

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

Charleston, W. Va.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Bethie ?

17. INFORMANT

ADDRESS

Mr. Almeton G. Branch. 826 N. Carrollton Ave.

18. 422.1 I

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cardiac Hypertrophy

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Hypertrophic Cardio Vas. Disease

DUE TO

## II

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 14, 1950, to Jan 22, 1951, that I last saw the deceased alive on Jan. 22, 1951, and that death occurred at 12:10 A.M., from the causes and on the date stated above.

23A. SIGNATURE

C. Mansell Lawrence

M. D.

23B. ADDRESS

1033 W. Lamsale St.

23C. DATE SIGNED

Jan. 26, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

1-28-51

24C. NAME OF CEMETERY OR CREMATORY

Charleston, W. Va.

24D. LOCATION (City, town or county)

Charleston W. Va.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William Williams

25. FUNERAL DIRECTOR

Mrs. Katie B. Williams

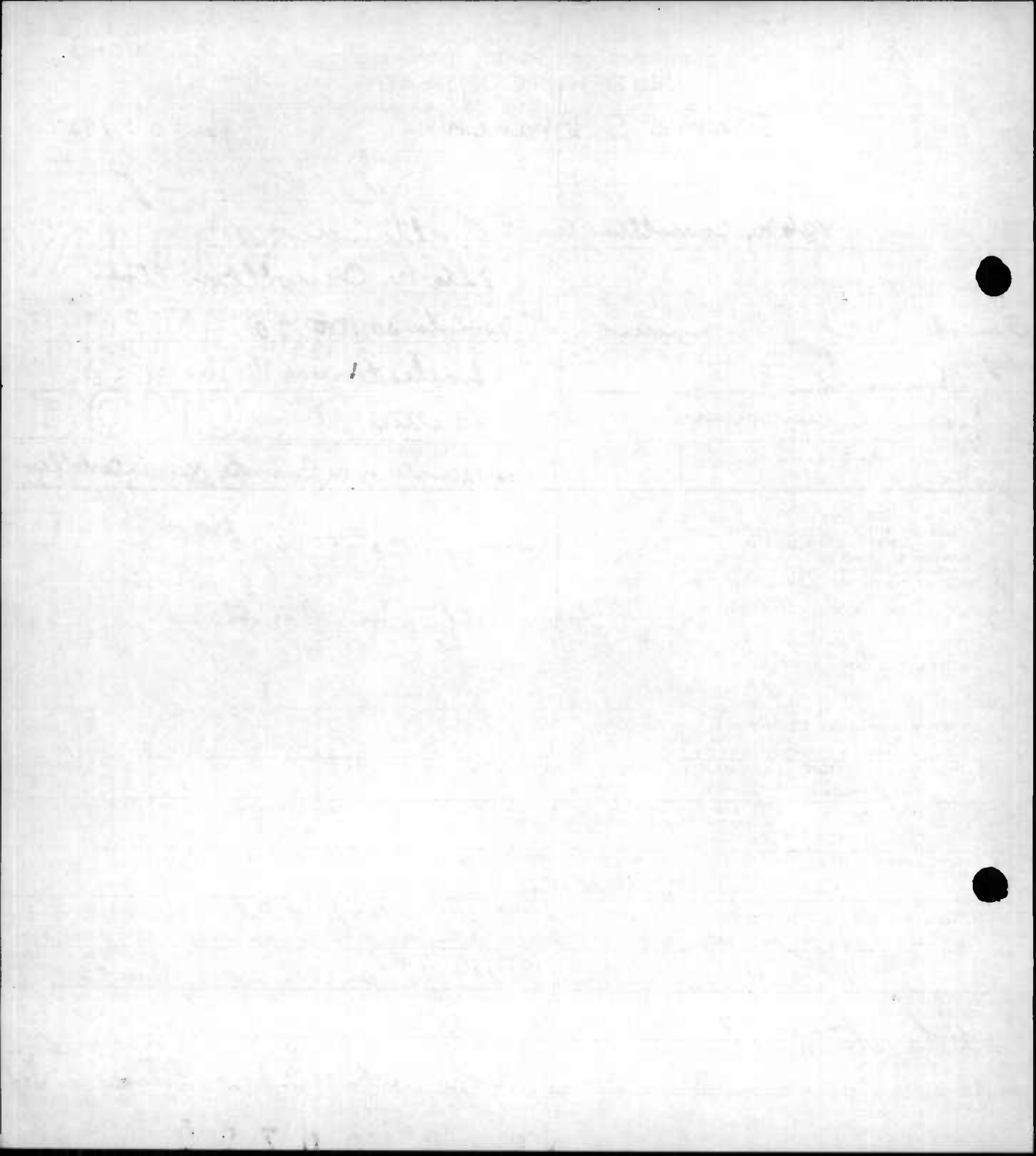
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322 N. Schwaben St.

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P-456

51 0801

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0801

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Florence Palmer

2. DATE  
OF  
DEATH

1/25/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland 771 Dover St

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

B. COUNTY

771 Dover St

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTIONC. CITY OR TOWN (If outside corporate limits, write RURAL, and give  
township)

Baltimore 21-01

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

Col

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Mar 20 1896

9. AGE (In years  
last birthday)

55

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

H.W

11. BIRTHPLACE (State or foreign country)

md

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

George Springs

14. MOTHER'S MAIDEN NAME

Marque Johnson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Louise Palmer 771 Dover St

18. 443 X<sub>1</sub>

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Cerebral Thrombosis, right 1 1/2 mo.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) Hypertensive Cardio Vascular  
Disease

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-24, 1950 to 1-25, 1951, that I last saw the  
deceased alive on 1-25, 1951, and that death occurred at 12:50 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

John P. Delaney Jr.

M. O.

1227 Wacker Blvd

1-26-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

1/28/51

Mt Calvary

A.A. Co Md

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

N 26 1951

William H. Williams, M.D.

ISAIAH L. BROWN, SON

108. W

VS 150

0936 200 Montgomery St

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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

51 0802  
Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

|   |                                  |   |  |  |  |
|---|----------------------------------|---|--|--|--|
| 1. NAME OF DECEASED<br>(Type or Print) <b>Frank Charles Pfanneschlag</b>  |                                  |   | 2. DATE OF DEATH<br><b>1/24/51</b>   |  |  |
| 3. PLACE OF DEATH:<br>a. <b>Baltimore City, Maryland</b> <b>Baltimore, Md.</b>  |                                  |   | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Maryland</b><br>b. COUNTY _____ |  |  |
| b. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>1601 St. Paul Street</b><br><b>57</b>                                     |                                  |   | c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore</b><br><b>12-05</b>                     |  |  |
| c. Length of stay in Baltimore<br><b>57</b> Yrs. Mos. Days  |                                  |   | d. STREET ADDRESS (If rural, give location)<br><b>1601 St. Paul Street</b>   |  |  |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b> | 8. DATE OF BIRTH<br><b>1/9/94</b>  |  | 9. AGE (in years last birthday)<br><b>57</b>                           |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Retired Machinist</b> |                                  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Glenn L. Martin</b>  |  | 11. BIRTHPLACE (State or foreign country)<br><b>Phillipburg, N. J.</b> |
| 13. FATHER'S NAME<br><b>John N. Pfanneschlag</b>  |                                  |   | 12. CITIZEN OF WHAT COUNTRY?<br><b>✓</b>   |  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)<br>(If yes, give war or dates of service)             |                                  |   | 16. SOCIAL SECURITY NO.<br><b>9</b>  |  |  |
| 17. INFORMANT<br><b>Mrs. D. E. Pfanneschlag</b>   |                                  |   | ADDRESS<br><b>1601 St. Paul</b>  |  |  |

|  |  |                                  |
|--|--|----------------------------------|
| 18. <b>490 X</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Lober Pneumonia</b><br>DUE TO <b>Asmptegia</b> |  | INTERVAL BETWEEN ONSET AND DEATH |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.<br><b>Asmptegia</b>  |  |                                  |
| 19A. DATE OF OPERATION<br><b>0</b>   |  |                                  |

|   |   |   |
|---|---|---|
| 19B. MAJOR FINDINGS OF OPERATION  |   | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>    |
| 21A. ACCIDENT WAS UNDER-<br>LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/><br>CAUSE OF DEATH | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)                 | 21C. WHERE DID INJURY OCCUR?<br>(If in Baltimore City, give exact location) |
| 21D. TIME (Month) (Day) (Year) (Hour)<br>INJURY   | 21E. INJURY OCCURRED<br>WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK | 21F. HOW DID INJURY OCCUR?  |

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

|   |   |                                    |
|---|---|------------------------------------|
| 23A. SIGNATURE<br><b>[Signature]</b><br>M. D. | 23B. ADDRESS<br><b>1123 85th Ave SE</b> | 23C. DATE SIGNED<br><b>1/26/51</b> |
|---|---|------------------------------------|

|  |                             |  |  |
|--|-----------------------------|--|--|
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> | 24B. DATE<br><b>1/29/51</b> | 24C. NAME OF CEMETERY OR CREMATORY<br><b>Holy Redeemer</b> | 24D. LOCATION (City, town, or county) (State)<br><b>Baltimore, Md.</b> |
|--|-----------------------------|--|--|

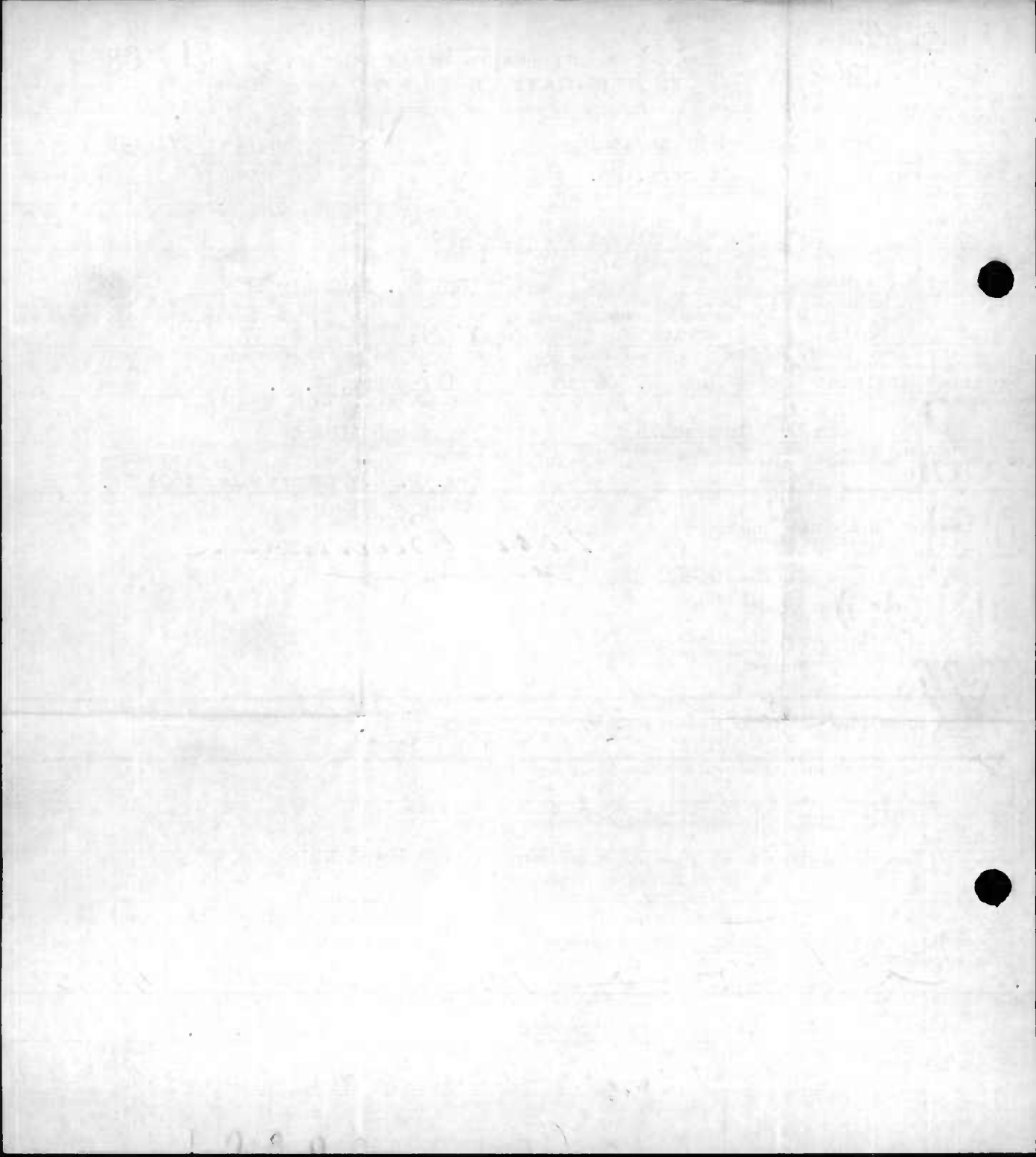
|                                  |   |  |  |
|----------------------------------|---|--|--|
| DATE RECEIVED BY LOCAL REGISTRAR | REGISTRAR'S SIGNATURE<br><b>[Signature]</b> | 25. FUNERAL DIRECTOR<br><b>W. W. Meeks</b> | ADDRESS<br><b>Don 805 N. Calver St</b> |
|----------------------------------|---|--|--|

JAN 26 1951

5443T

108.0

MEDICAL CERTIFICATION





5-314

51 0803

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 0803  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Patsy Stabile

2. DATE  
OF  
DEATH

1-23-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland Doctor Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE Md

B. COUNTY

before admission)

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

Doctors Hospital 2724 N. Charles

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

246 S. Eden St 3-02

D. STREET ADDRESS (If rural, give location)

Baltimore Md

C. Length of stay in Baltimore

15 yrs

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Nov. 14 1876 76-74

9. AGE (In years,  
last birthday)

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Italy

12. CITIZEN OF  
WHAT COUNTRY?

Italy

13. FATHER'S NAME

Frank Stabile

14. MOTHER'S MAIDEN NAME

Rose Marshall

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

216-10-3740

17. INFORMANT

ADDRESS

Frank Stabile 280 S. Dallas St.

18. 331X I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Cerebral Hemorrhage

5 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Chronic Arteriosclerosis

years?

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK WORK AT WORK

22. I hereby certify that I attended the deceased from Jan 22, 1951, to Jan 23, 1951, that I last saw the deceased alive on Jan 23, 1951, and that death occurred at 11:10 A.M., from the causes and on the date stated above.

23A. SIGNATURE

N. J. Dando

M. D.

23B. ADDRESS

3218 Eastern Ave

23C. DATE SIGNED

1-25-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Jan. 27, 1951

Holy Redeemer

Belair Road

Md

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

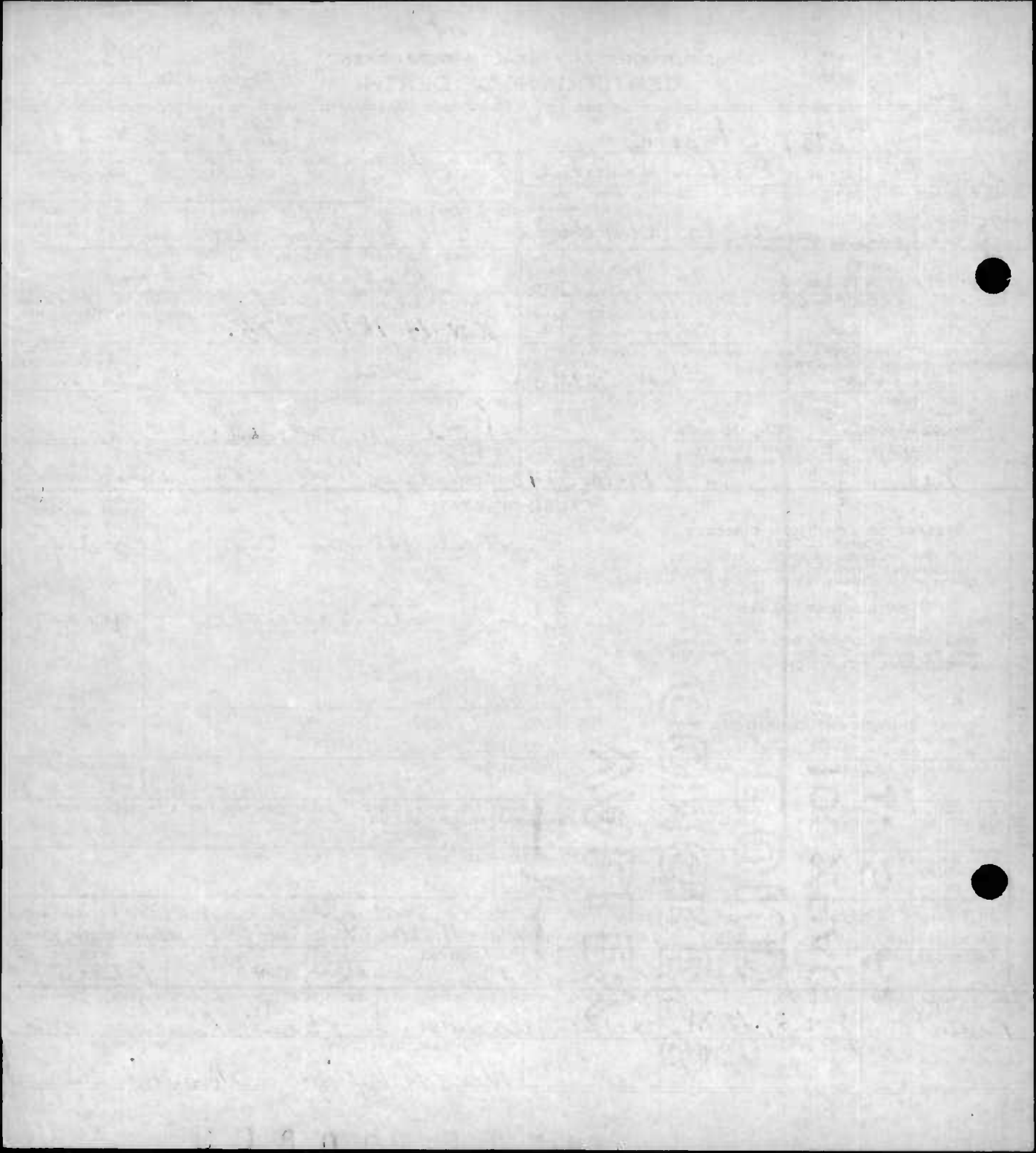
Huntington Williams

Randall Hoppel 3155 Highland Ave

JAN 25 1951

1951 0803 083a

MEDICAL CERTIFICATION



W-424  
51 0804

BALTIMORE CITY HEALTH DEPARTMENT

51 0804

## CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 49-21027

1. NAME OF DECEASED  
(Type or Print)

Wayne Robert Wellslager

2. DATE  
OF  
DEATH

January 25, 1951

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

Maryland, Baltimore

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Dundalk 53400

c. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

d. STREET ADDRESS (If rural, give location)

6912 Fenway Rd.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Sept 30, 1948

9. AGE (in years  
last birthday)

2

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10a. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

None

10b. KIND OF BUSINESS OR  
INDUSTRY

—

11. BIRTHPLACE (State or foreign country)

Maryland.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Joseph T. Wellslager

14. MOTHER'S MAIDEN NAME

Mildred Roberts

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

None

17. INFORMANT 6912 Fenway Road  
Mr. Joseph Wellslager

18. 75 X 1 CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Cerebral Palsy; Hydrocephalus 2 yrs.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN  
ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21d. TIME (Month) (Day) (Year) (Hour)  
INJURY

21e. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 9, 1950, to Jan. 25, 1951, that I last saw the  
deceased alive on Jan. 25, 1951, and that death occurred at 7:10 A.m., from the causes and on the date stated above.

23a. SIGNATURE

Robert Davis Cox

M. O.

23b. ADDRESS

Union Memorial Hospital

23c. DATE SIGNED

Jan. 25, 1951

24a. BURIAL, CREMA-  
TION, REMOVAL (Specify)

burial

24b. DATE

1/27/51

24c. NAME OF CEMETERY OR CREMATORY

Baltimore Cemetery

24d. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Robert Davis Cox

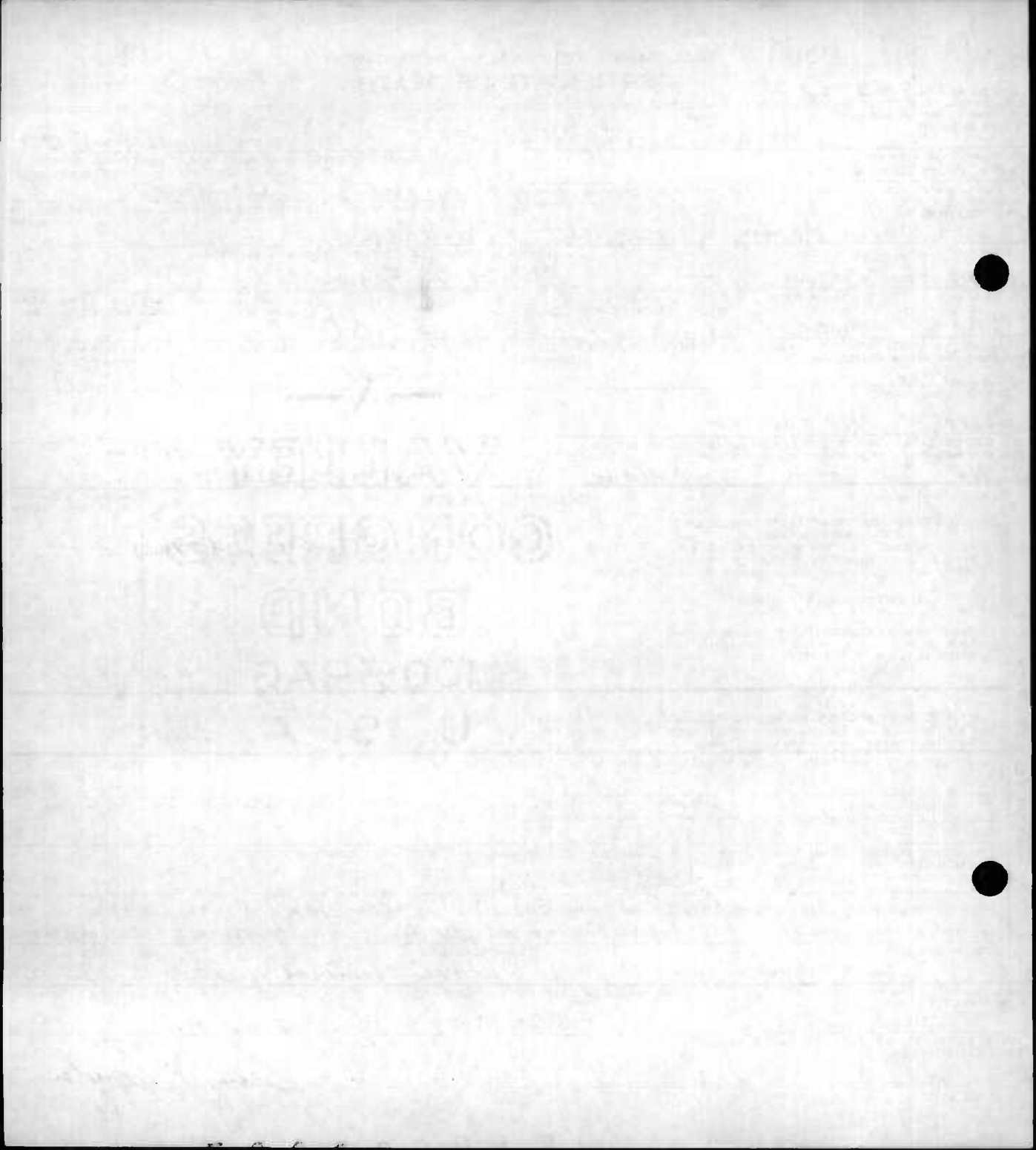
25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.  
BALTO. 13, Md.

ADDRESS

Henry R. Sander

157a



L-524

51

0805

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51

0805

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

JENNIE GERTRUDE LANGLEY

2. DATE  
OF  
DEATH

Jan. 24, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

4200 Loch Raven Blvd.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore

D. STREET ADDRESS (If rural, give location)

4200 Loch Raven Blvd.

E. Length of stay in Baltimore

Yrs.  
Mos.  
Days5. SEX  
F6. COLOR OR RACE  
W7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
Widow

8. DATE OF BIRTH

Jan. 5, 1881

9. AGE (In years  
last birthday)

70

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housework

10B. KIND OF BUSINESS OR  
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

Michael McDonough

14. MOTHER'S MAIDEN NAME

Mary G. Hudgins

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.  
none17. INFORMANT 2241 Lake Avenue  
Mr. Wm. L. Langley

1B.

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Myocardial Infarction

DUE TO

INTERVAL BETWEEN  
ONSET AND DEATH

immediate

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Coronary Atherosclerosis

DUE TO

(C)

Coronary Arteriosclerosis

same  
yearsII  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 2, 1947, to Jan 24, 1951, that I last saw the  
deceased alive on July 7, 1950 and that death occurred at A. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

11 E. Chase St

1-26-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

burial

24B. DATE

1/27/51

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

HENRY SANDER & SONS, INC.  
BALTO., MD.

VS 150

510000804094a

5000

10000

10000

10000

6000



450  
51 0806BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 0806  
Registered No.

|  |                           |   |  |                                       |   |
|--|---------------------------|---|--|---------------------------------------|---|
| BIRTH NO.  |                           |   | 2. DATE OF DEATH January 26, 1951  |                                       |   |
| 1. NAME OF DECEASED<br>(Type or Print) ELIZABETH GILLEN  |                           |   | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)      |                                       |   |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland  |                           |   | A. STATE District of Columbia  |                                       |   |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)<br>St. Agnes Hospital |                           |   | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br>Washington |                                       |   |
| C. Length of stay in Baltimore   |                           |   | D. STREET ADDRESS (If rural, give location)<br>3910 McKinley Street, N.W.                  |                                       |   |
| 5. SEX<br>female   | 6. COLOR OR RACE<br>white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br>Single | 8. DATE OF BIRTH<br>July 29, 1871  | 9. AGE (In years last birthday)<br>79 | If Under 1 Year<br>Months: Days: If Under 24 Hours<br>Hours: Min. |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>None        |                           | 10B. KIND OF BUSINESS OR INDUSTRY                         | 11. BIRTHPLACE (State or foreign country)<br>Grand Haven, Michigan                         |                                       | 12. CITIZEN OF WHAT COUNTRY?                                      |
| 13. FATHER'S NAME<br>Hugh Gillen   |                           |   | 14. MOTHER'S MAIDEN NAME<br>Elizabeth Fair   |                                       |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)<br>No                                    |                           | 16. SOCIAL SECURITY NO.<br>None                           | 17. INFORMANT<br>Mrs. Margaret G. Hanson, 708 S. Pitt St. Alexandria, Va.                  |                                       |   |

|  |   |                                  |
|--|---|----------------------------------|
| 18. E 816.4<br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><br>ANTECEDENT CAUSES<br><br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><br>II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | CAUSE OF DEATH<br>(A) Fracture of skull<br>DUE TO<br>(B) Laceration of brain<br>DUE TO<br>(C) Subdural hematoma | INTERVAL BETWEEN ONSET AND DEATH |
|--|---|----------------------------------|

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 19A. DATE OF OPERATION   |  | 19B. MAJOR FINDINGS OF OPERATION   |  | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>                          |  |
| 21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.  |  | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br>highway                  |  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)<br>Route 40 near Ellicott City 6300 |  |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY<br>January 20, 1951 2:45p.m.   |  | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> |  | 21F. HOW DID INJURY OCCUR?<br>Auto & auto collision  |  |
| 22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> . |  |  |  |  |  |
| 23A. SIGNATURE<br>R. F. Fisher   |  | 23B. CHIEF MEDICAL EXAMINER.....<br>M.D. ASSISTANT MEDICAL EXAMINER.....<br>MEDICAL INVESTIGATOR.....                |  | 23C. DATE SIGNED<br>Jan. 26, 1951  |  |

|   |                                       |  |   |
|---|---------------------------------------|--|---|
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial | 24B. DATE<br>Jan. 29, 1951            | 24C. NAME OF CEMETERY OR CREMATORY<br>Forest Home Cemetery | 24D. LOCATION (City, town, or county) (State)<br>Milwaukee, Wisconsin |
| DATE RECEIVED BY LOCAL REGISTRAR<br>JAN 26 1951     | REGISTRAR'S SIGNATURE<br>J. H. Miller |  |   |
| 25. FUNERAL DIRECTOR<br>J. H. Miller                |                                       |  | ADDRESS<br>4510 Liberty Heights Ave.                                  |

N-803.2 95102

170C



## CERTIFICATE OF DEATH

NAME OF DEATH

DATE OF DEATH

600  
JL- 144978

807

BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No.

51

807  
0807

BIRTH NO. 51 807

1. NAME OF DECEASED  
(Type or Print)

Ella Lauer

2. DATE  
OF  
DEATH 1-24-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

Baltimore City Hospitals (location)

4940 Eastern Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1407 N. Chester St. -13

C. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Jan. 1, 1877

9. AGE (In years  
last birthday)

74

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

John Fitzpatrick Gallagher

14. MOTHER'S MAIDEN NAME

Eliza Mooney

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

B. C. H. Records, 4940 Eastern Ave.

18. DOX 1

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Pulmonary Tuberculosis, Bilateral,  
far advanced

14 months

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B)  
DUE TO  
(C)

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-10-\_\_\_\_, 1951, to Jan. 24\_\_\_\_, 1951, that I last saw the  
deceased alive on Jan. 24\_\_\_\_, 1951, and that death occurred at 7:55 AM., from the causes and on the date stated above.

23A. SIGNATURE

M. O.

23B. ADDRESS

4940 Eastern Ave.

23C. DATE SIGNED

1-24-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 26 1951

VS 150

J. Melville Jenkins, 2713 Kirk Ave.

510000806 0134

U R U

465  
51 0808  
BIRTH NO.

HALLORAN  
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0808

Registered No.

|  |                           |   |                                    |
|--|---------------------------|---|------------------------------------|
| 1. NAME OF DECEASED<br>(Type or Print) <i>Fred Halloran</i>  |                           | 2. DATE OF DEATH <i>1/26/51</i>   |                                    |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland  |                           | 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)<br>A. STATE <i>Md.</i> B. COUNTY <i>BALTIMORE</i> |                                    |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)<br><i>Mercy Hosp</i>                        |                           | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><i>Essex Md. Rural</i>                                  |                                    |
| C. Length of stay in Baltimore <i>10</i> Yrs. Mos. Days  |                           | D. STREET ADDRESS (If rural, give location)<br><i>None</i> <i>53-00</i>   |                                    |
| 5. SEX <i>M</i>  | 6. COLOR OR RACE <i>W</i> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>   | 8. DATE OF BIRTH <i>May 6 1906</i> |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><i>Reporter (Print) Newspaper</i> |                           | 11. BIRTHPLACE (State or foreign country)<br><i>Penn.</i>   |                                    |
| 10B. KIND OF BUSINESS OR INDUSTRY  |                           | 12. CITIZEN OF WHAT COUNTRY?<br><i>USA</i>  |                                    |
| 13. FATHER'S NAME<br><i>James Halloran</i>   |                           | 14. MOTHER'S MAIDEN NAME<br><i>Margaret Coyle</i>   |                                    |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)                         |                           | 16. SOCIAL SECURITY NO.   |                                    |
| 17. INFORMANT  |                           | ADDRESS   |                                    |

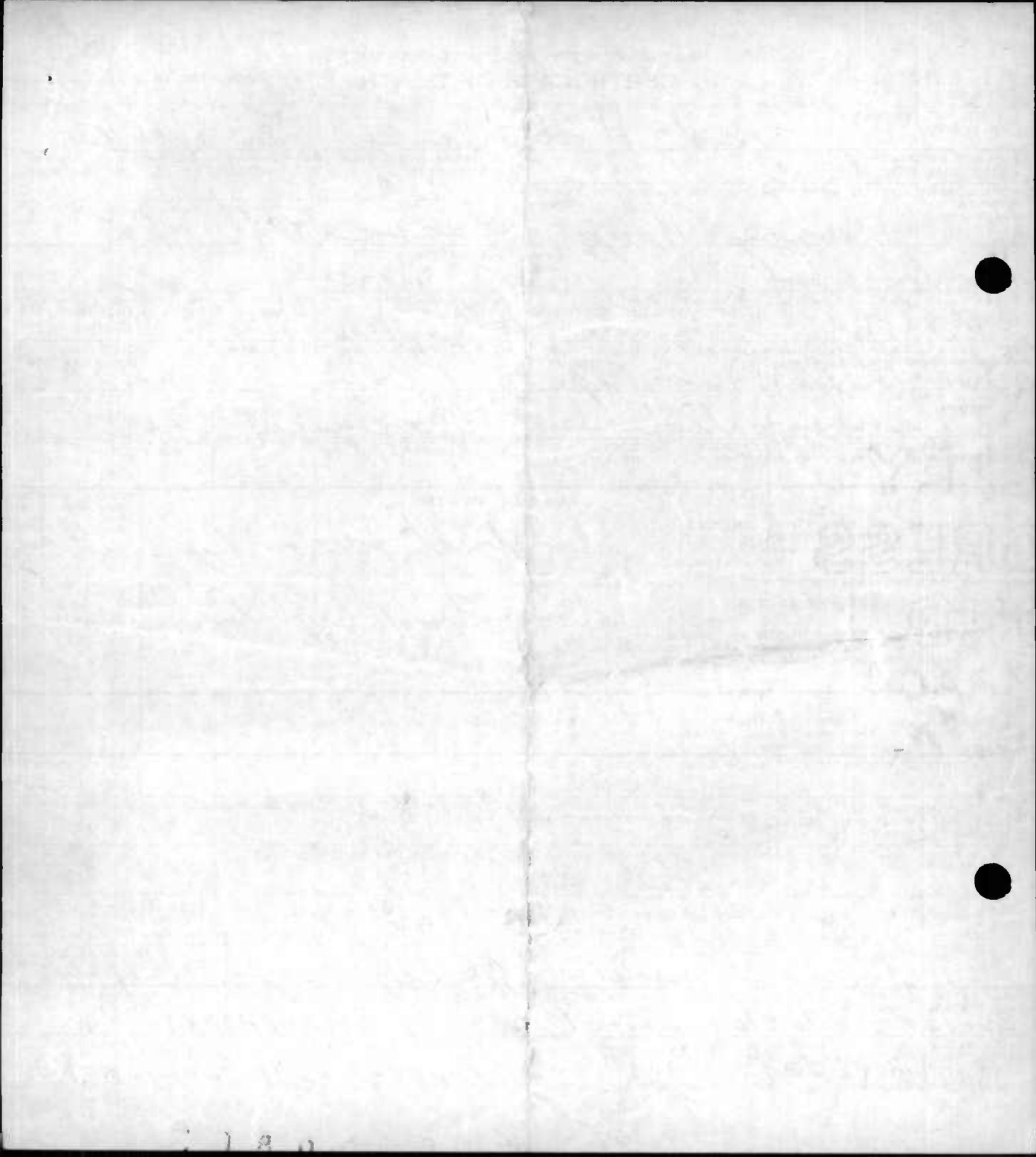
|   |  |   |
|---|--|---|
| 18. 331X<br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><br>ANTECEDENT CAUSES<br><br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. | CAUSE OF DEATH<br>(A) <i>Cerebral hemorrhage</i><br>DUE TO<br>(B) <i>Essential hypertension</i><br>DUE TO<br>(C) | INTERVAL BETWEEN ONSET AND DEATH<br><i>14 days</i><br><i>10 years</i> |
|---|--|---|

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

|   |   |   |
|---|---|---|
| 19A. DATE OF OPERATION                                      | 19B. MAJOR FINDINGS OF OPERATION  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)                 | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)            |
| 21D. TIME (Month) (Day) (Year) (Hour) INJURY                | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21F. HOW DID INJURY OCCUR?  |

22. I hereby certify that I attended the deceased from *Jan 12, 1951* to *Jan 26, 1951*, that I last saw the deceased alive on *Jan 26, 1951* and that death occurred at *5:10 p.m.*, from the causes and on the date stated above.

|   |  |  |
|---|--|--|
| 23A. SIGNATURE<br><i>C. Richard Franel M.D.</i>                         | 23B. ADDRESS<br><i>Mercy Hosp</i>                                  | 23C. DATE SIGNED<br><i>1/26/51</i>                       |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><i>Burial</i>              | 24B. DATE<br><i>1/29/51</i>  | 24C. NAME OF CEMETERY OR CREMATORY<br><i>Laurel Hill</i> |
| 24D. LOCATION (City, town, or county) (State)<br><i>Susquehanna PA.</i> | 25. FUNERAL DIRECTOR<br><i>M. FAHEY &amp; SONS 401 SUFFOLK Rd.</i> |  |
| DATE RECEIVED BY LOCAL REGISTRAR<br><i>JAN 27 1951</i>                  |  | REGISTRAR'S SIGNATURE<br><i>W. H. H. H.</i>              |



235  
51 0809

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 0809

|  |                       |   |  |  |  |   |  |
|--|-----------------------|---|--|--|--|---|--|
| 1. NAME OF DECEASED<br>(Type or Print) Henry D. MacDonald  |                       |   |  | 2. DATE OF DEATH Jan. 25, 1951   |  |   |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland  |                       |   |  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE Maryland B. COUNTY |  |   |  |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR INSTITUTE 4301 Elderon Ave.  |                       |   |  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br>Baltimore                            |  |   |  |
| C. Length of stay in Baltimore 4 yrs.  |                       |   |  | D. STREET ADDRESS (If rural, give location)<br>4301 Elderon Ave.   |  |   |  |
| 5. SEX<br>M  | 6. COLOR OR RACE<br>W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br>W  |  | 8. DATE OF BIRTH<br>4/23/1867  |  | 9. AGE (In years last birthday) 83                              |  |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Bookkeeper (retired)  |                       |   |  | 10B. KIND OF BUSINESS OR INDUSTRY<br>Self Employed   |  | 11. BIRTHPLACE (State or foreign country)<br>Boston Mass.       |  |
| 12. CITIZEN OF WHAT COUNTRY?<br>USA  |                       |   |  | 13. FATHER'S NAME<br>Thomas A. MacDonald   |  |   |  |
| 14. MOTHER'S MAIDEN NAME<br>Maria MacDonald  |                       |   |  | 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no or unknown) no  |  |   |  |
| 16. SOCIAL SECURITY NO.<br>no  |                       |   |  | 17. INFORMANT ADDRESS<br>Mr. Arthur C. MacDonald   |  |   |  |
| 18. 592X<br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br>Ch. myocarditis<br>1945<br>ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br>Ch. Intestinal Nephritis 1945<br>II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. |                       |   |  | CAUSE OF DEATH 4301 Elderon Ave.<br>Interval Between Onset and Death   |  |   |  |
| 19A. DATE OF OPERATION   |                       | 19B. MAJOR FINDINGS OF OPERATION  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>   |  |   |  |
| 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)   |                       | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)                 |  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)   |  |   |  |
| 21D. TIME (Month) (Day) (Year) (Hour) INJURY   |                       | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21F. HOW DID INJURY OCCUR?   |  |   |  |
| 22. I hereby certify that I attended the deceased from June 26, 1948 to Jan 25, 1951, that I last saw the deceased alive on Jan 24, 1951, and that death occurred at 7 P. m., from the causes and on the date stated above.  |                       |   |  |  |  |   |  |
| 23A. SIGNATURE<br>James Brown  |                       | 23B. ADDRESS<br>M. D. 3602 Liberty Hwy. W.  |  | 23C. DATE SIGNED<br>1-26-51  |  |   |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br>Cremation   |                       | 24B. DATE<br>1/27/51  |  | 24C. NAME OF CEMETERY OR CREMATORY<br>Loudon Park  |  | 24D. LOCATION (City, town, or county) (State)<br>Baltimore, Md. |  |
| DATE RECEIVED BY LOCAL REGISTRAR   |                       | REGISTRAR'S SIGNATURE<br>W. H. Williams   |  | 25. FUNERAL DIRECTOR ADDRESS<br>John T. Stansbury 2700 Edmondson Av.   |  |   |  |

MEDICAL CERTIFICATION

JAN 27 1951

10000800/31a

1110



| 420  |                           | BALTIMORE CITY HEALTH DEPARTMENT  |                                    | 51 0810  |   |
|--|---------------------------|---|------------------------------------|--|---|
| 51 0810  |                           | CERTIFICATE OF DEATH  |                                    | Registered No. _____   |   |
| BIRTH NO.  |                           |   |                                    |  |   |
| 1. NAME OF DECEASED<br>(Type or Print)   |                           | Rachel Seals  |                                    | 2. DATE OF DEATH<br>Jan. 25, 1951  |   |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland  |                           | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE<br>Maryland |                                    | B. COUNTY<br>26-44   |   |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR INSTITUTE<br>39 N. Kresson Street  |                           | C. CITY OR TOWN<br>Baltimore  |                                    | (If outside corporate limits, write RURAL, and give township)            |   |
| C. Length of stay in Baltimore   |                           | D. STREET ADDRESS (If rural, give location)<br>39 N. Kresson Street   |                                    |  |   |
| 5. SEX<br>female   | 6. COLOR OR RACE<br>white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br>widowed  | 8. DATE OF BIRTH<br>Sept. 23, 1870 | 9. AGE (In years last birthday)<br>80                                    | 10. Under 1 Year<br>Months: Days: Hours: Min. |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>housewife   |                           | 10B. KIND OF BUSINESS OR INDUSTRY<br>own home   |                                    | 11. BIRTHPLACE (State or foreign country)<br>Pennsylvania                |   |
| 13. FATHER'S NAME<br>unknown   |                           | 14. MOTHER'S MAIDEN NAME<br>unknown   |                                    | 12. CITIZEN OF WHAT COUNTRY?   |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)  |                           | 16. SOCIAL SECURITY NO.   |                                    | 17. INFORMANT ADDRESS<br>Mrs. Vivian Wentworth, 39 N. Kresson St.        |   |
| 18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br>CAUSE OF DEATH<br>Coronary Thrombosis<br>Hypertensive C.V.D.<br>Arteriosclerosis |                           | (A) DUE TO<br>(B) DUE TO<br>(C)   |                                    | INTERVAL BETWEEN ONSET AND DEATH<br>3 days<br>?                          |   |
| 19A. DATE OF OPERATION   |                           | 19B. MAJOR FINDINGS OF OPERATION  |                                    | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |   |
| 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)   |                           | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                      |                                    | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) |   |
| 21D. TIME (Month) (Day) (Year) (Hour)<br>INJURY  |                           | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>     |                                    | 21F. HOW DID INJURY OCCUR?   |   |
| 22. I hereby certify that I attended the deceased from April 1950, to Jan 25, 1951, that I last saw the deceased alive on 1/22, 1951, and that death occurred at 8 P. M., from the causes and on the date stated above.  |                           |   |                                    |  |   |
| 23A. SIGNATURE<br>L. F. Klimes   |                           | 23B. ADDRESS<br>2623 E. Monument St.  |                                    | 23C. DATE SIGNED<br>1/26/51  |   |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br>burial  |                           | 24B. DATE<br>1/27/51  |                                    | 24C. NAME OF CEMETERY OR CREMATORY<br>Cedar Hill Cemetery                |   |
| 24D. LOCATION (City, town, or county)<br>Brooklyn, Maryland  |                           | 24E. FUNERAL DIRECTOR<br>Wm. Cook, Inc.   |                                    | 24F. ADDRESS<br>1217 St. Paul Street                                     |   |
| DATE RECEIVED BY LOCAL REGISTRAR<br>1/27/51  |                           | REGISTRAR'S SIGNATURE<br>[Signature]  |                                    |  |   |
| VS 150   |                           |   |                                    |  |   |

VALLEY

VIEW

OF

THE

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

51 0811

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

|   |   |  |  |   |   |
|---|---|--|--|---|---|
| <b>1. NAME OF DECEASED</b><br>(Type or Print) <span style="float: right;"><b>ANNIE SHAFFER</b></span>   |   |  | <b>2. DATE OF DEATH</b><br><span style="float: right;"><b>Jan. 25, 1951</b></span>   |   |   |
| <b>3. PLACE OF DEATH:</b><br><b>A. Baltimore City, Maryland</b><br><b>B. FULL NAME OF HOSPITAL OR INSTITUTION</b><br><b>3805 Grantley Road</b><br><b>C. LENGTH OF STAY IN BALTIMORE</b><br>Yrs. _____<br>Mos. _____<br>Days _____ |   |  | <b>4. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission)<br><b>A. STATE</b> <span style="float: right;"><b>Maryland</b></span><br><b>B. COUNTY</b> _____<br><b>C. CITY OR TOWN</b> (If outside corporate limits, write RURAL and give township)<br><span style="float: right;"><b>Baltimore</b></span><br><b>D. STREET ADDRESS</b> (If rural, give location)<br><span style="float: right;"><b>3805 Grantley Road</b></span> |   |   |
| <b>5. SEX</b><br><b>Female</b>  | <b>6. COLOR OR RACE</b><br><b>White</b> | <b>7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)</b><br><b>Widow</b> | <b>8. DATE OF BIRTH</b><br><b>Jan. 19, 1873</b>  | <b>9. AGE (In years last birthday)</b><br><b>78</b> | <b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b> |
| <b>10A. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>  |   |  | <b>10B. KIND OF BUSINESS OR INDUSTRY</b><br><b>At home</b>   |   |   |
| <b>11. BIRTHPLACE</b> (State or foreign country)  |   |  | <b>12. CITIZEN OF WHAT COUNTRY?</b>  |   |   |
| <b>13. FATHER'S NAME</b><br><b>John F. Tauber</b>   |   |  | <b>14. MOTHER'S MAIDEN NAME</b><br><b>Rebecca Herling</b>  |   |   |
| <b>15. WAS DECEASED EVER IN U. S. ARMED FORCES?</b><br>(Yes, no or unknown) (If yes, give war or dates of service)<br><b>No</b>   |   |  | <b>16. SOCIAL SECURITY NO.</b><br><b>None</b>  |   |   |
| <b>17. INFORMANT</b>  |   |  | <b>ADDRESS</b><br><b>Francis C. Stevens, 3039 Mayfield Ave.</b>  |   |   |

|  |   |
|--|---|
| <b>18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH</b><br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><br><b>CAUSE OF DEATH</b><br><b>Carcinoma of bile ducts</b><br><b>INTERVAL BETWEEN ONSET AND DEATH</b> | <b>(A) DUE TO</b><br><br><b>(B) DUE TO</b><br><br><b>(C) DUE TO</b> |
| <b>II</b><br><b>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</b>  |   |

|   |  |  |
|---|--|--|
| <b>19A. DATE OF OPERATION</b><br><b>Nov. 6, 1950</b>  | <b>19B. MAJOR FINDINGS OF OPERATION</b><br><b>Carcinoma of bile ducts + gall stones</b>                          | <b>20. AUTOPSY?</b><br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| <b>21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)</b>   | <b>21B. PLACE OF INJURY</b> (e. g., in or about home, farm, factory, street, office bldg., etc.)                 | <b>21C. WHERE DID INJURY OCCUR?</b> (If in Baltimore City, give exact location)            |
| <b>21D. TIME (Month) (Day) (Year) (Hour) OF INJURY</b>  | <b>21E. INJURY OCCURRED</b><br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | <b>21F. HOW DID INJURY OCCUR?</b>  |
| <b>22. I hereby certify that I attended the deceased from _____, 1940 to Jan. 25, 1951, that I last saw the deceased alive on Jan. 25, 1951, and that death occurred at 10:45 pm, from the causes and on the date stated above.</b> |  |  |
| <b>23A. SIGNATURE</b><br><i>Stuart J. Levy</i>  | <b>23B. ADDRESS</b><br><b>2322 Eutaw Place</b>   | <b>23C. DATE SIGNED</b><br><b>1/26/51</b>  |
| <b>24A. BURIAL, CREMATION, REMOVAL (Specify)</b><br><b>Burial</b>   | <b>24B. DATE</b><br><b>1/29/51</b>   | <b>24C. NAME OF CEMETERY OR CREMATORY</b><br><b>Lorraine</b>                               |
| <b>24D. LOCATION (City, town, or county) (State)</b><br><b>Woodlawn, Md.</b>  |  |  |

|   |   |   |
|---|---|---|
| <b>DATE RECEIVED BY LOCAL REGISTRAR</b><br><b>1-27-50</b> | <b>REGISTRAR'S SIGNATURE</b><br><i>Huntington Wellman</i> | <b>25. FUNERAL DIRECTOR</b><br><b>ADDRESS</b><br><i>12195 Paul St</i> |
|---|---|---|

RECEIVED  
JAN 10 1960

THAT THE

1959-1960

1959-1960

1959-1960

1959-1960

VALLEY  
CONCRETE  
CORP.

300  
51 0812  
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

X 51 0812  
Registered No.

|  |                              |   |   |
|--|------------------------------|---|---|
| 1. NAME OF DECEASED<br>(Type or Print) <i>Amonda Kidd.</i>   |                              | 2. DATE OF DEATH<br><i>1/27/51</i>  |   |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland  |                              | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <i>MD.</i> B. COUNTY <i>Carroll</i> |   |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)<br><i>University Hospital</i> |                              | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><i>Patapsco</i>                                       |   |
| D. STREET ADDRESS (If rural, give location)<br><i>Patapsco</i>   |                              | 5. LENGTH OF STAY IN BALTIMORE<br><i>38</i>   |   |
| 6. SEX<br><i>F</i>   | 6. COLOR OR RACE<br><i>W</i> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><i>M.</i>  | 8. DATE OF BIRTH<br><i>MAY 18, 1878</i> |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><i>N. U.</i>        |                              | 10B. KIND OF BUSINESS OR INDUSTRY   |   |
| 13. FATHER'S NAME<br><i>Conrad Arbuckle.</i>   |                              | 14. MOTHER'S MAIDEN NAME<br><i>Ann Evans</i>  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)                                |                              | 16. SOCIAL SECURITY NO.   |   |
| 17. INFORMANT  |                              | ADDRESS   |   |

|  |   |                                  |
|--|---|----------------------------------|
| 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><i>Pulmonary Congestion</i> | CAUSE OF DEATH<br>(A) <i>Pulmonary Congestion</i><br>DUE TO | INTERVAL BETWEEN ONSET AND DEATH |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><i>Myocardial Infarction</i>   | (B) <i>Myocardial Infarction</i><br>DUE TO                  |                                  |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  |   |                                  |

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|---|--|---|--|---|--|
| 19A. DATE OF OPERATION<br><i>0</i>  |  | 19B. MAJOR FINDINGS OF OPERATION  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH   |  | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)                 |  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)            |  |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY   |  | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21F. HOW DID INJURY OCCUR?  |  |
| 22. I hereby certify that I attended the deceased from <i>1/27/51</i> , 19 <i>51</i> , to <i>1/27/51</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>1/27/51</i> , 19 <i>51</i> , and that death occurred at <i>6:15 A.M.</i> , from the causes and on the date stated above. |  |   |  |   |  |
| 23A. SIGNATURE<br><i>Joseph B. Brumfield</i>  |  | 23B. ADDRESS<br><i>Univ. Hosp. Bldg. Md</i>   |  | 23C. DATE SIGNED<br><i>1/27/51</i>  |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><i>BURIAL</i>  |  | 24B. DATE<br><i>JAN 29, 1951</i>  |  | 24C. NAME OF CEMETERY OR CREMATORY<br><i>BETHEL CHURCH OF GOD</i>                   |  |
| 24D. LOCATION (City, town, or county) (State)<br><i>CARROLLTON CARROLL MD</i>   |  | 25. FUNERAL DIRECTOR<br><i>JOHN R. BYERS</i>  |  | ADDRESS<br><i>WESTMINSTER, MD.</i>  |  |

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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

51 0813  
Registered No.

200  
BIRTH NO. 0813

|   |                           |   |  |   |   |
|---|---------------------------|---|--|---|---|
| 1. NAME OF DECEASED<br>(Type or Print) <u>MARY ANNE MCGEE</u>   |                           |   | 2. DATE OF DEATH <u>1/26/51</u>  |   |   |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland   |                           |   | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <u>M.D.</u><br>B. COUNTY <u>BALTO.</u> |   |   |
| 5. FULL NAME OF HOSPITAL OR INSTITUTION <u>MERCY Hosp.</u>  |                           |   | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>BALTO.</u>   |   |   |
| 6. LENGTH OF STAY IN BALTIMORE <u>70 yrs</u>  |                           |   | D. STREET ADDRESS (If rural, give location) <u>1524 LATROBE PARK TERRACE</u>   |   |   |
| 5. SEX <u>F</u>   | 6. COLOR OR RACE <u>W</u> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> | 8. DATE OF BIRTH <u>unknown 1870</u>   | 9. AGE (In years last birthday) <u>80</u> |   |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work at home</u> |                           |   | 10B. KIND OF BUSINESS OR INDUSTRY  |   | 11. BIRTHPLACE (State or foreign country) <u>New York</u> |
| 13. FATHER'S NAME <u>James M. McGee</u>   |                           |   | 14. MOTHER'S MAIDEN NAME <u>Marion M. E. Bowman</u>  |   |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>-</u>  |                           |   | 16. SOCIAL SECURITY NO. <u>-</u>   |   |   |
|   |                           |   | 17. INFORMANT ADDRESS <u>Hosp. Records</u>   |   |   |

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|--|--|---|
| 18. <u>297 X 1</u><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><u>Pneumonia</u><br>DUE TO |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>48 hrs</u><br><br><u>?</u> |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><u>Agranulocytosis</u><br>DUE TO   |  |   |
| (C) _____  |  |   |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  |  |   |

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|---|--|---|--|--|--|
| 19A. DATE OF OPERATION <u>0</u>                 |  | 19B. MAJOR FINDINGS OF OPERATION  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |  |
| 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)      |  | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                  |  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) |  |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY |  | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21F. HOW DID INJURY OCCUR?   |  |

22. I hereby certify that I attended the deceased from 1/21, 1951, to 1/26, 1951, that I last saw the deceased alive on 1/25, 1951, and that death occurred at 1:47 m., from the causes and on the date stated above.

23A. SIGNATURE C. R. Schubert M. D. 23B. ADDRESS Mercy Hosp. 23C. DATE SIGNED 1/26/51

|   |  |  |  |   |  |  |  |                   |  |
|---|--|--|--|---|--|--|--|-------------------|--|
| 24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> |  | 24B. DATE <u>1/29/51</u>                     |  | 24C. NAME OF CEMETERY OR CREMATORY <u>Holy Cross Cem.</u> |  | 24D. LOCATION (City, town, or county) <u>Ritchie Hgway</u> |  | (State) <u>md</u> |  |
| DATE RECEIVED BY LOCAL REGISTRAR <u>JAN 27 1951</u>     |  | REGISTRAR'S SIGNATURE <u>Wm. J. Williams</u> |  | 25. FUNERAL DIRECTOR <u>John J. Bowman &amp; Son</u>      |  | ADDRESS <u>2201 St.</u>                                    |  |                   |  |



OFFICE OF THE ATTORNEY GENERAL

IN SENATE, JANUARY 1, 1900.

REPORT OF THE ATTORNEY GENERAL

FOR THE YEAR 1899.

ALBANY: JAMES B. LEECH, STATE PRINTER.

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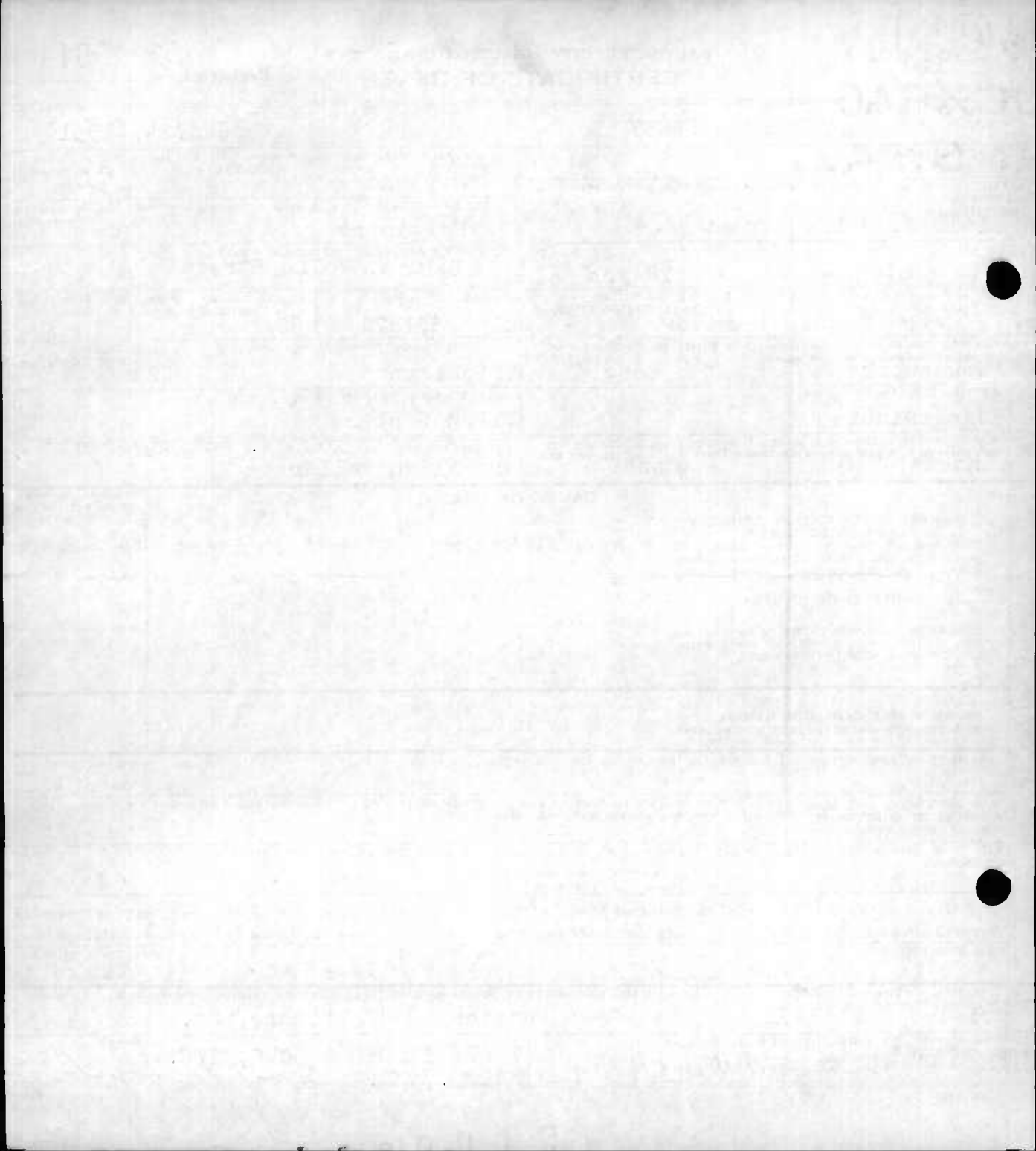
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0814BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 0814  
Registered No.

|  |                              |  |  |
|--|------------------------------|--|--|
| 1. NAME OF DECEASED<br>(Type or Print) <b>MARY EMMA TRESS</b>  |                              | 2. DATE OF DEATH <b>Jan. 24, 1951</b>  |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland  |                              | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>Maryland</b><br>B. COUNTY |  |
| B. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>1610 N. Wolfe Street</b>   |                              | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore</b>                               |  |
| D. STREET ADDRESS (If rural, give location)<br><b>1610 N. Wolfe Street</b>   |                              | E. LENGTH OF STAY IN BALTIMORE<br><b>78 yrs</b>  |  |
| 5. SEX<br><b>F</b>   | 6. COLOR OR RACE<br><b>W</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>widow</b>  | 8. DATE OF BIRTH<br><b>July 25, 1870</b> |
| 9. AGE (In years last birthday)<br><b>80</b>   |                              | 10. Under 1 Year Months: Days<br>11. Under 24 Hours Hours: Min.  |  |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housework</b>  |                              | 10B. KIND OF BUSINESS OR INDUSTRY<br><b>at home</b>  |  |
| 11. BIRTHPLACE (State or foreign country)<br><b>Michigan</b>   |                              | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>   |  |
| 13. FATHER'S NAME<br><b>Jack Dinnis</b>  |                              | 14. MOTHER'S MAIDEN NAME<br><b>Ellen Carter</b>  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)<br><b>no</b>  |                              | 16. SOCIAL SECURITY NO.<br><b>none</b>   |  |
| 17. INFORMANT<br><b>Mrs Ellen Weller</b>   |                              | 18. ADDRESS<br><b>1613 N. Wolfe Street</b>   |  |
| 18. <b>421.4</b> CAUSE OF DEATH<br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>(A) Valvular Heart disease</b><br>DUE TO<br>INTERVAL BETWEEN ONSET AND DEATH<br><b>4 weeks</b><br>ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><b>(B)</b><br>DUE TO<br><b>(C)</b><br>II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. |                              |  |  |
| 19A. DATE OF OPERATION<br><b>0</b>   |                              | 19B. MAJOR FINDINGS OF OPERATION   |  |
| 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>   |                              |  |  |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH<br><input type="checkbox"/>  |                              | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)                                      |  |
| 21C. WHERE DID INJURY OCCUR?<br>(If in Baltimore City, give exact location)  |                              | 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  |  |
| 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                              | 21F. HOW DID INJURY OCCUR?   |  |
| 22. I hereby certify that I attended the deceased from <b>Jan 1, 1951</b> to <b>Jan 24, 1951</b> , that I last saw the deceased alive on <b>Jan 24, 1951</b> , and that death occurred at <b>5 P. m.</b> , from the causes and on the date stated above.   |                              |  |  |
| 23A. SIGNATURE<br><b>Sam Fisher</b>  |                              | 23B. ADDRESS<br><b>1823 N. West St.</b>  |  |
| 23C. DATE SIGNED<br><b>1/26/51</b>   |                              |  |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>burial</b>   |                              | 24B. DATE<br><b>1/27/51</b>  |  |
| 24C. NAME OF CEMETERY OR CREMATORY<br><b>Oak Lawn Cemetery</b>   |                              | 24D. LOCATION (City, town, or county) (State)<br><b>Baltimore, Md.</b>   |  |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>JAN 27 1951</b>   |                              | REGISTRAR'S SIGNATURE<br><b>William Williams</b>   |  |
| 25. FUNERAL DIRECTOR<br><b>HENRY SANDER &amp; SONS, INC.</b>   |                              | ADDRESS<br><b>BALTO., MD.</b>  |  |



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BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 0815  
Registered No.

|  |                                  |   |  |  |  |
|--|----------------------------------|---|--|--|--|
| 1. NAME OF DECEASED<br>(Type or Print) <u>Julian J. Learey</u>   |                                  |   | 2. DATE OF DEATH <u>Jan 25<sup>th</sup> 1951</u>   |  |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland <u>1709 N. Montford Ave</u>  |                                  |   | 4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)<br>A. STATE <u>Md.</u><br>B. COUNTY <u>Balts</u> |  |  |
| B. FULL NAME OF HOSPITAL OR INSTITUTION <u>—</u>   |                                  |   | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Balts</u>  |  |  |
| C. Length of stay in Baltimore <u>Life</u>   |                                  |   | D. STREET ADDRESS (If rural, give location) <u>1709 N. Montford Ave</u>  |  |  |
| 5. SEX<br><u>Male</u>  | 6. COLOR OR RACE<br><u>White</u> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Married</u>   | 8. DATE OF BIRTH<br><u>April 15<sup>th</sup> 1889</u>  | 9. AGE (In years last birthday)<br><u>61 6<sup>+</sup></u>               | II Under 1 Year<br>Months: Days: Hours: Min.                             |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Plumber</u>  |                                  | 10B. KIND OF BUSINESS OR INDUSTRY<br><u>Lloyd Mitchell</u>  |  | 11. BIRTHPLACE (State or foreign country)<br><u>Md</u>                   |  |
| 13. FATHER'S NAME<br><u>James F. Learey</u>  |                                  | 16. SOCIAL SECURITY NO.   |  | 14. MOTHER'S MAIDEN NAME   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)   |                                  | 17. INFORMANT ADDRESS<br><u>Mrs Anna Learey 1709 N. Montford Ave</u>                                      |  |  |  |
| 18. <u>470.1</u> CAUSE OF DEATH<br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><u>Coronary Occlusion</u><br>DUE TO<br>ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><u>Hypertensive Cardiovascular Disease</u><br>DUE TO<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.<br><u>Generalized Atherosclerosis</u> |                                  |   |  |  |  |
| 19A. DATE OF OPERATION   |                                  | 19B. MAJOR FINDINGS OF OPERATION  |  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)   |                                  | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)                 |  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) |  |
| 21D. TIME (Month) (Day) (Year) (Hour)<br>INJURY  |                                  | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21F. HOW DID INJURY OCCUR?   |  |
| 22. I hereby certify that I attended the deceased from <u>Jan 10</u> , 19 <u>36</u> to <u>Jan. 25</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Nov.</u> , 19 <u>50</u> , and that death occurred at <u>m.</u> from the causes and on the date stated above.   |                                  |   |  |  |  |
| 23A. SIGNATURE<br><u>Samuel B. Wolfe</u>   |                                  | 23B. ADDRESS<br><u>1331 E. North Ave</u>  |  | 23C. DATE SIGNED<br><u>Jan. 26, 1951</u>                                 |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   |                                  | 24B. DATE<br><u>Jan 29<sup>th</sup> 1951</u>  |  | 24C. NAME OF CEMETERY OR CREMATORY<br><u>New Leatherhead</u>             |  |
| 24D. LOCATION (City, town or county) (State)<br><u>Fredrick Road</u>   |                                  | 25. FUNERAL DIRECTOR ADDRESS<br><u>Geo. S. Cook 1701-03 N. Patterson Park Ave</u>                         |  |  |  |

UNITED STATES OF AMERICA

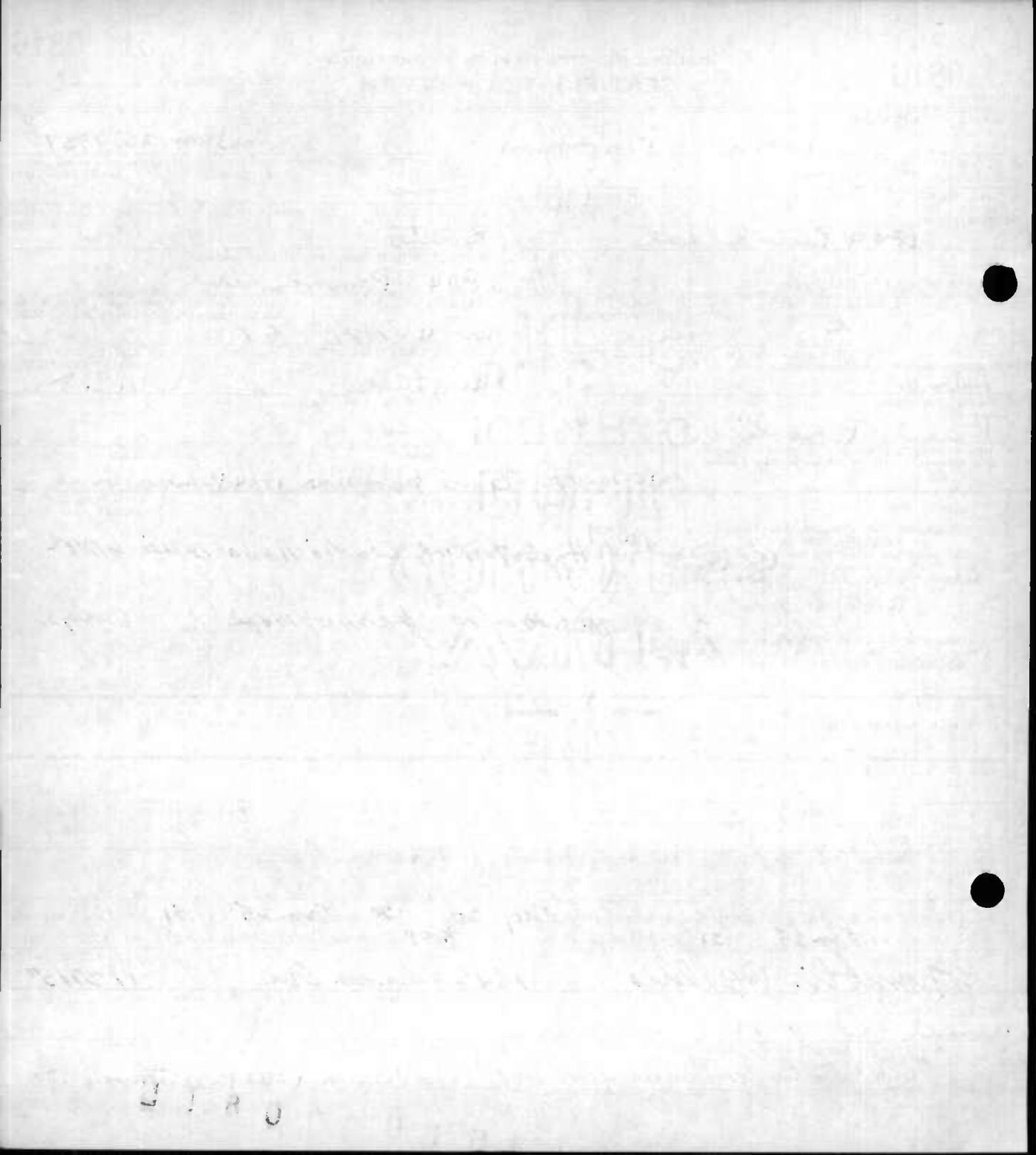
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51 0816BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0816

Registered No.

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| BIRTH NO.   |  | 1. NAME OF DECEASED<br>(Type or Print) <i>John Brookins</i>   |  | 2. DATE OF DEATH <i>Jan 25, 1951</i>                                     |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland   |  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <i>md</i> B. COUNTY |  |  |  |
| B. FULL NAME OF HOSPITAL OR INSTITUTION<br><i>1804 Penna ave</i>  |  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><i>Balto</i> <i>14-03</i>             |  |  |  |
| D. STREET ADDRESS (If rural, give location)<br><i>1804 Penna ave</i>  |  | Yrs. Mos. Days  |  |  |  |
| 5. SEX <i>m</i>   |  | 6. COLOR OR RACE <i>c</i>   |  | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)                          |  |
| 8. DATE OF BIRTH <i>Nov 11 1881</i>   |  | 9. AGE (in years last birthday) <i>69</i>   |  | 10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.             |  |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><i>Farmer</i>  |  | 10B. KIND OF BUSINESS OR INDUSTRY   |  | 11. BIRTHPLACE (State or foreign country)<br><i>Kentucky</i>             |  |
| 12. CITIZEN OF WHAT COUNTRY?<br><i>U. S. A.</i>   |  | 13. FATHER'S NAME<br><i>Paul Brookins</i>   |  | 14. MOTHER'S MAIDEN NAME   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)   |  | 16. SOCIAL SECURITY NO.<br><i>215-10.3913</i>   |  | 17. INFORMANT ADDRESS<br><i>Grace Brookins 1804 Penna ave</i>            |  |
| 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><i>442X I</i><br><i>(A) Hypertensive Cardio Renal Disease</i><br>DUE TO<br><i>(B) Cerebral Hemorrhage</i><br>DUE TO<br>(C) |  | CAUSE OF DEATH  |  | INTERVAL BETWEEN ONSET AND DEATH<br><i>6 Mths</i><br><i>2 days</i>       |  |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  |  |   |  |  |  |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   |  |   |  |  |  |
| 19A. DATE OF OPERATION  |  | 19B. MAJOR FINDINGS OF OPERATION  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |  |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH   |  | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)                             |  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) |  |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY   |  | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>             |  | 21F. HOW DID INJURY OCCUR?   |  |
| 22. I hereby certify that I attended the deceased from <i>July 20</i> , 1950, to <i>Jan. 25</i> , 1951, that I last saw the deceased alive on <i>Jan 25</i> , 1951, and that death occurred at <i>8:00 P m.</i> , from the causes and on the date stated above.   |  |   |  |  |  |
| 23A. SIGNATURE<br><i>Thornblin Phillips</i>   |  | 23B. ADDRESS<br><i>1543 Penna. Ave</i>  |  | 23C. DATE SIGNED<br><i>1/27/51</i>                                       |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><i>Burial</i>  |  | 24B. DATE<br><i>1-30-51</i>   |  | 24C. NAME OF CEMETERY OR CREMATORY<br><i>mt auburn</i>                   |  |
| 24D. LOCATION (City, town, or county) (State)<br><i>md</i>  |  | 25. FUNERAL DIRECTOR<br><i>Geo S. Nelson</i>  |  | ADDRESS<br><i>1303 Reisterstown rd</i>                                   |  |

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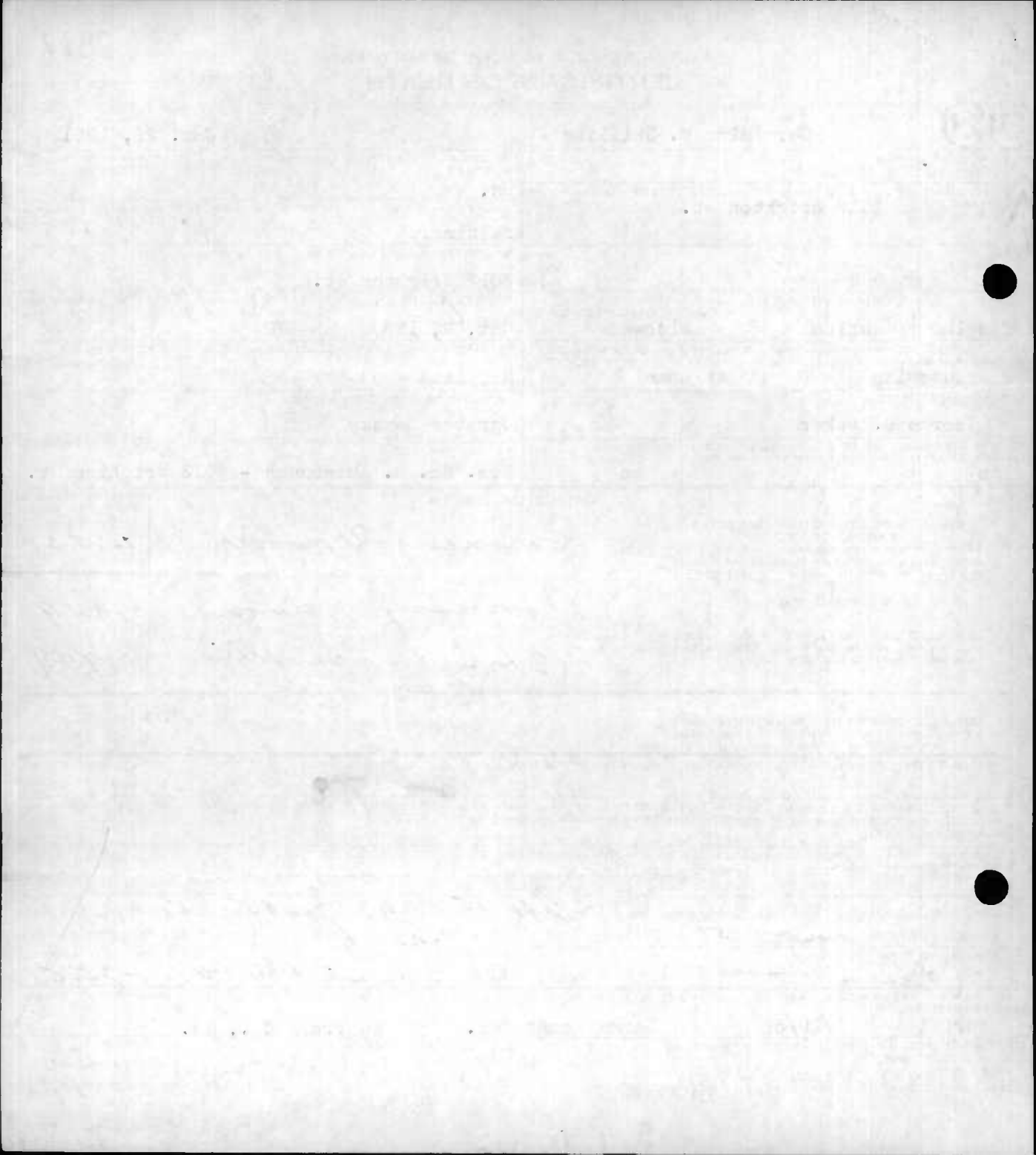


452  
51 0817  
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0817

Registered No.

|  |  |   |  |
|--|--|---|--|
| 1. NAME OF DECEASED<br>(Type or Print) <b>Geraldine C. Shilling</b>  |  | 2. DATE OF DEATH <b>Jan. 25, 1951</b>   |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland  |  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>Md.</b><br>B. COUNTY |  |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)<br><b>3013 Brighton St.</b>   |  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore</b>                          |  |
| D. STREET ADDRESS (If rural, give location)<br><b>3013 Brighton St.</b>  |  |   |  |
| 5. SEX <b>female</b>   |  | 6. COLOR OR RACE <b>white</b>   |  |
| 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>widowed</b>  |  | 8. DATE OF BIRTH <b>Oct. 9, 1880</b>  |  |
| 9. AGE (In years last birthday) <b>70</b>  |  | 10. If Under 1 Year Months Days   |  |
| 11. BIRTHPLACE (State or foreign country)<br><b>Maryland</b>   |  | 12. CITIZEN OF WHAT COUNTRY?  |  |
| 13. FATHER'S NAME<br><b>George C. Baker</b>  |  | 14. MOTHER'S MAIDEN NAME<br><b>Janette Ramsay</b>   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>no</b>  |  | 16. SOCIAL SECURITY NO. <b>no</b>   |  |
| 17. INFORMANT ADDRESS<br><b>Mrs. Wm. H. Aulabaugh - 3013 Brighton St.</b>  |  |   |  |
| 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Coronary Thrombosis</b><br>DUE TO<br><b>Coronary Atherosclerosis</b><br>DUE TO<br><b>Ch. myocarditis</b> |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>1-25-51</b><br><b>1949</b><br><b>1949</b>  |  |
| 19. ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><b>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</b>   |  |   |  |
| 19A. DATE OF OPERATION   |  | 19B. MAJOR FINDINGS OF OPERATION  |  |
| 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>   |  |   |  |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  |  | 21B. PLACE OF INJURY (e. g., to or about home, farm, factory, street, office bldg., etc.)                                 |  |
| 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)   |  |   |  |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  |  | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                    |  |
| 21F. HOW DID INJURY OCCUR?   |  |   |  |
| 22. I hereby certify that I attended the deceased from <b>Sept 15, 1949</b> to <b>Jan 25, 1951</b> , that I last saw the deceased alive on <b>Jan. 24, 1951</b> and that death occurred at <b>10:15 a.m.</b> , from the causes and on the date stated above.   |  |   |  |
| 23A. SIGNATURE<br><b>James Brown</b>   |  | 23B. ADDRESS<br><b>3602 Liberty St. Ave.</b>  |  |
| 23C. DATE SIGNED<br><b>1-25-51</b>   |  |   |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |  | 24B. DATE<br><b>1/29/51</b>   |  |
| 24C. NAME OF CEMETERY OR CREMATORY<br><b>Sandy Mount Cem.</b>  |  | 24D. LOCATION (City, town, or county) (State)<br><b>Carroll Co., Md.</b>  |  |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>JAN 27 1951</b>   |  | REGISTRAR'S SIGNATURE<br><b>Wm. J. Tichener &amp; Sons = Balt</b>   |  |
| VS 150   |  | 25. FUNERAL DIRECTOR ADDRESS<br><b>0932</b>   |  |



652  
51 0818  
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0818  
Registered No.

|   |                                  |   |  |
|---|----------------------------------|---|--|
| 1. NAME OF DECEASED<br>(Type or Print) <b>EPHRAIM A. BORING</b>   |                                  | 2. DATE OF DEATH<br><b>Jan. 26, 1951</b>  |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland <b>2075 Rockrose</b>  |                                  | 4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)<br>A. STATE <b>Md.</b><br>B. COUNTY |  |
| B. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>Ardleigh Nursing Home</b>   |                                  | C. CITY OR TOWN (If outside corporate limits, write FULL NAME and give township)<br><b>Baltimore</b>                      |  |
| C. Length of stay in Baltimore<br>Yrs.<br>Mos.<br>Days  |                                  | D. STREET ADDRESS (If rural, give location)<br><b>304 W. Cold Spring Lane</b>   |  |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b>   | 8. DATE OF BIRTH<br><b>Sept. 1, 1873</b> |
| 9. AGE (In years, last birthday)<br><b>77</b>   |                                  | 10. UNDER 1 Year: Months: Days<br>11. UNDER 24 Hours: Hours: Min.   |  |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Plasterer (rtd)</b>   |                                  | 10B. KIND OF BUSINESS OR INDUSTRY   |  |
| 11. BIRTHPLACE (State or foreign country)<br><b>Indiana</b>   |                                  | 12. CITIZEN OF WHAT COUNTRY?  |  |
| 13. FATHER'S NAME<br><b>Ephraim Boring</b>  |                                  | 14. MOTHER'S MAIDEN NAME<br><b>Mary Wolfe</b>   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)  |                                  | 16. SOCIAL SECURITY NO.   |  |
| 17. INFORMANT<br><b>Mrs. J. Morris Womack</b>   |                                  | ADDRESS<br><b>3804 Hadley St</b>  |  |
| 18. <b>331X</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Hemicplegia, Cerebral hem.</b><br>DUE TO<br><b>Arterio Sclerosis</b><br>DUE TO<br><b>Previous attack 2 yrs ago</b> |                                  | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 days.</b><br><b>4 yrs.</b>   |  |
| 19A. DATE OF OPERATION<br><b>0</b>  |                                  | 19B. MAJOR FINDINGS OF OPERATION  |  |
| 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>  |                                  |   |  |
| 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)  |                                  | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)                                 |  |
| 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)  |                                  |   |  |
| 21D. TIME (Month) (Day) (Year) (Hour) INJURY  |                                  | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                 |  |
| 21F. HOW DID INJURY OCCUR?  |                                  |   |  |
| 22. I hereby certify that I attended the deceased from <b>12/20</b> , 19 <b>50</b> , to <b>1/26</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>1/26</b> , 19 <b>51</b> , and that death occurred at <b>m.</b> , from the causes and on the date stated above.  |                                  |   |  |
| 23A. SIGNATURE<br><b>[Signature]</b>  |                                  | 23B. ADDRESS<br><b>2020 N. Charles St.</b>  |  |
| 23C. DATE SIGNED<br><b>1/26/51</b>  |                                  |   |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |                                  | 24B. DATE<br><b>1/29/51</b>   |  |
| 24C. NAME OF CEMETERY OR CREMATORY<br><b>Woodlawn Cem.</b>  |                                  | 24D. LOCATION (City, town, or county) (State)<br><b>Woodlawn, Md.</b>   |  |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>JAN 27 1951</b>  |                                  | REGISTRAR'S SIGNATURE<br><b>[Signature]</b>   |  |
| 25. FUNERAL DIRECTOR<br><b>[Signature]</b>  |                                  | ADDRESS<br><b>Baltimore, Md.</b>  |  |

MEDICAL CERTIFICATION

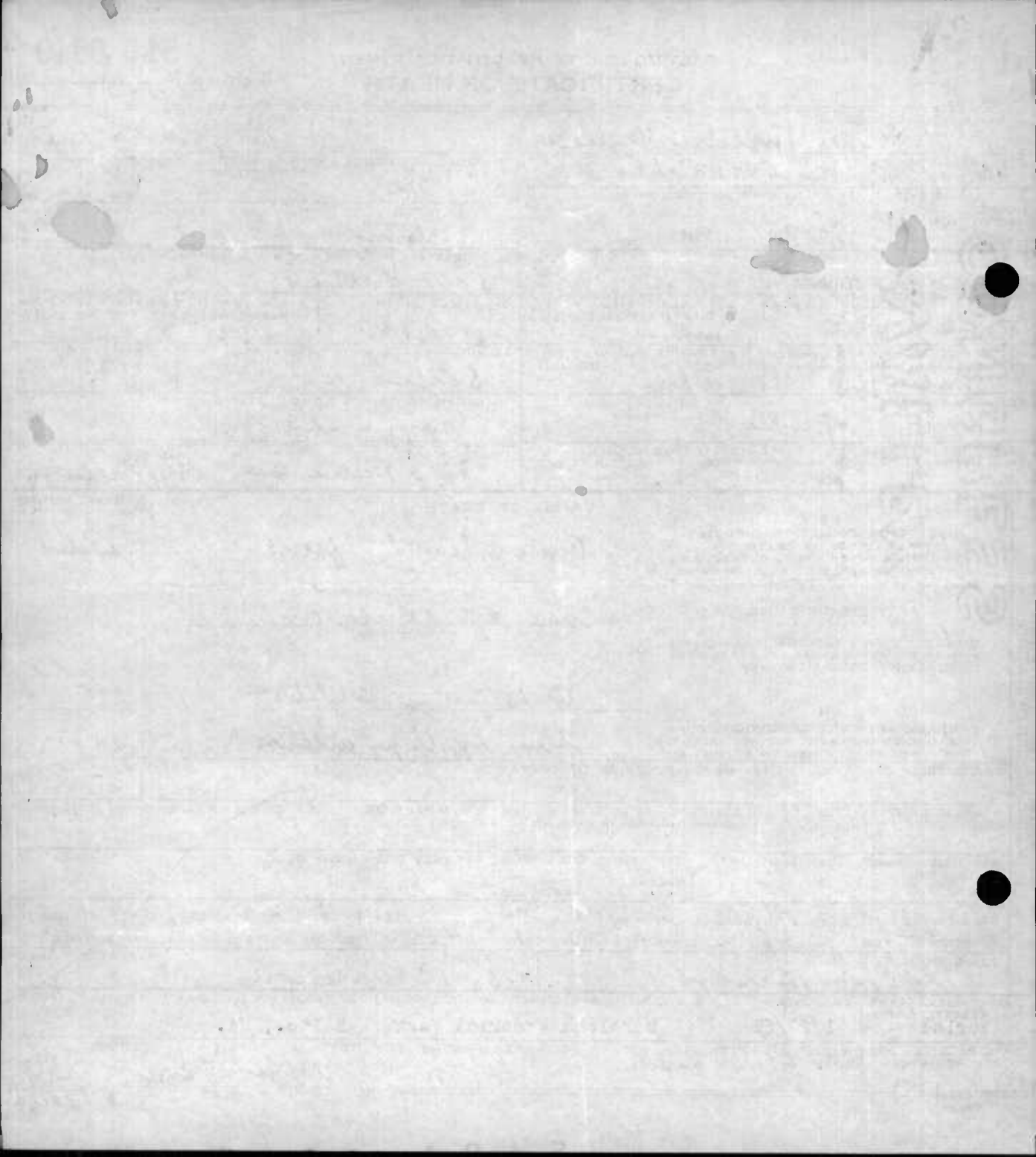
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420  
51 0819BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 0819  
Registered No.

|  |                                  |   |   |  |  |
|--|----------------------------------|---|---|--|--|
| BIRTH NO.  |                                  | 1. NAME OF DECEASED<br>(Type or Print) <i>Jane Tweedie Wallace</i>  |   | 2. DATE OF DEATH <i>Jan 25, 1951</i>                                     |  |
| 3. PLACE OF DEATH<br>A. Baltimore City, Maryland <i>5801 Siskin Rd</i>   |                                  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <i>MD</i> B. COUNTY           |   |  |  |
| B. FULL NAME OF HOSPITAL OR INSTITUTION<br><i>5801 Siskin Rd</i>   |                                  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><i>Baltimore</i> <i>27-15</i>                   |   |  |  |
| C. Length of stay in Baltimore<br>Yrs. Mos. Days   |                                  | D. STREET ADDRESS (If rural, give location)<br><i>5801 Siskin Rd</i>  |   |  |  |
| 5. SEX<br><i>Female</i>  | 6. COLOR OR RACE<br><i>White</i> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><i>widowed</i>   | 8. DATE OF BIRTH<br><i>Sep 21, 1871</i> | 9. AGE (In years last birthday)<br><i>79</i>                             | 10. Under 1 Year Months: Days 11. Under 24 hours Hours: Min. |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><i>Housewife</i>  |                                  | 10B. KIND OF BUSINESS OR INDUSTRY<br><i>at home</i>   |   | 11. BIRTHPLACE (State or foreign country)<br><i>Scotland</i>             |  |
| 12. CITIZEN OF WHAT COUNTRY?   |                                  | 13. FATHER'S NAME<br><i>David Tweedie</i>   |   |  |  |
| 14. MOTHER'S MAIDEN NAME<br><i>Mary Siskin</i>   |                                  | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)<br><i>no</i> <i>no</i> |   |  |  |
| 16. SOCIAL SECURITY NO.<br><i>no</i>   |                                  | 17. INFORMANT ADDRESS<br><i>Joh B Wallace Sr 5801 Siskin Rd</i>   |   |  |  |
| 18. <i>410X</i> CAUSE OF DEATH<br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br>DUE TO<br><i>Acute rheumatic fever</i><br>INTERVAL BETWEEN ONSET AND DEATH<br><i>unknown</i><br>ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br>DUE TO<br><i>Chronic Myocarditis, Ch Endocarditis</i><br><i>Acute Cardiac Distention</i><br><i>Chronic Hypertensive arthritis</i><br>1951<br>1930<br>II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. |                                  | 19A. DATE OF OPERATION<br><i>0</i>  |   |  |  |
| 19B. MAJOR FINDINGS OF OPERATION   |                                  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>  |   |  |  |
| 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)   |                                  | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |   | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) |  |
| 21D. TIME (Month) (Day) (Year) (Hour) INJURY   |                                  | 21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK                          |   | 21F. HOW DID INJURY OCCUR?   |  |
| 22. I hereby certify that I attended the deceased from <i>May</i> , 1940, to <i>Jan 25</i> , 1951, that I last saw the deceased alive on <i>Jan 25, 1951</i> and that death occurred at <i>4 P.</i> m., from the causes and on the date stated above.  |                                  |   |   |  |  |
| 23A. SIGNATURE<br><i>D. B. Bishop</i>  |                                  | 23B. ADDRESS<br><i>503 Sheridan Ave</i>   |   | 23C. DATE SIGNED<br><i>1/26/51</i>                                       |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><i>Burial</i>   |                                  | 24B. DATE<br><i>1/27/51</i>   |   | 24C. NAME OF CEMETERY OR CREMATORY<br><i>Moreland Memorial Park</i>      |  |
| 24D. LOCATION (City, town, or county) (State)<br><i>Balto., Md.</i>  |                                  | DATE RECEIVED BY LOCAL REGISTRAR<br><i>Jan 27 1951</i>  |   |  |  |
| 25. FUNERAL DIRECTOR<br><i>Wm. J. Tickner &amp; Sons - Balto Md.</i>   |                                  | ADDRESS<br><i>09 r b</i>  |   |  |  |

MEDICAL CERTIFICATION





532  
0820BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0820

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

JOSEPHINE MONTGOMERY

2. DATE  
OF  
DEATH

JANUARY 25, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland ✓

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

South Baltimore General Hospital

Yrs.  
Mos.  
Days

C. Length of stay in Baltimore

5. SEX

Female White

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

at Home

13. FATHER'S NAME

Unknown

Failer

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

no

4. USUAL RESIDENCE (Where deceased lived, if institution: residence  
before admission)A. STATE  
Maryland

B. COUNTY

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

24-00

D. STREET ADDRESS (If rural, give location)

1439 Boyle Street

8. DATE OF BIRTH

11/23/1883

9. AGE (In years  
last birthday)

67

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF  
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Eliza Unknown

17. INFORMANT

ADDRESS

Mr. Robert H. Montgomery - 1439 Boyle St.

18. 420.0.

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Arteriosclerotic Heart Disease five mos.

INTERVAL BETWEEN  
ONSET AND DEATH

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

Congestive Heart Failure

5 weeks

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 4, 1951, to January 25, 1951, that I last saw the  
deceased alive on January 25, 1951, and that death occurred at 10:55 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 27 1951

VS 150

Wm. J. Tiekner &amp; Sons - Balto., Md.

0932 md.



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1946

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1947

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1950

1951

1952

1953

462  
51 0821BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0821

Registered No.

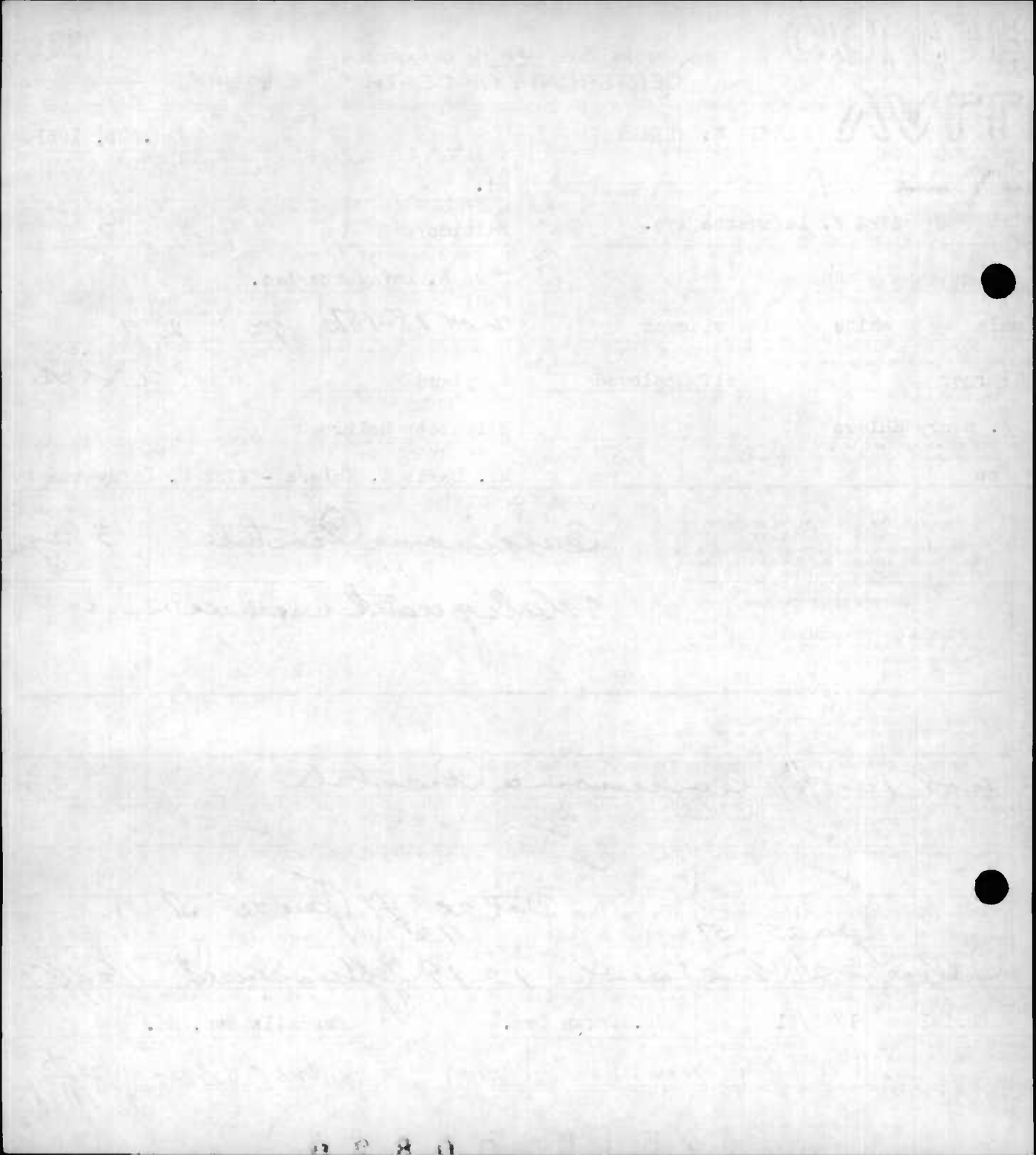
BIRTH NO.

|   |                                  |   |   |  |  |
|---|----------------------------------|---|---|--|--|
| 1. NAME OF DECEASED<br>(Type or Print) <b>LEWIS W. EHLERS</b>   |                                  |   | 2. DATE OF DEATH<br><b>Jan. 25, 1951</b>  |  |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland   |                                  |   | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>Md.</b><br>B. COUNTY |  |  |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)<br><b>2723 W. Lafayette Ave.</b> |                                  |   | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore</b>                          |  |  |
| D. STREET ADDRESS (If rural, give location)<br><b>2723 W. Lafayette Ave.</b>  |                                  |   | E. LENGTH OF STAY IN BALTIMORE  |  |  |
| 5. SEX<br><b>male</b>   | 6. COLOR OR RACE<br><b>white</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>widowed</b> | 8. DATE OF BIRTH<br><b>Nov 18-1876</b>  | 9. AGE (In years last birthday)<br><b>80</b> | If Under 1 Year<br>Months: <b>2</b> Days: <b>7</b> |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Farmer</b>          |                                  |   | 10B. KIND OF BUSINESS OR INDUSTRY<br><b>Self Employed</b>   |  |  |
| 11. BIRTHPLACE (State or foreign country)<br><b>Maryland</b>  |                                  |   | 12. CITIZEN OF WHAT COUNTRY?<br><b>U. S. A.</b>   |  |  |
| 13. FATHER'S NAME<br><b>J. Henry Ehlers</b>   |                                  |   | 14. MOTHER'S MAIDEN NAME<br><b>Elizabeth Holbrook</b>   |  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)<br><b>no</b> |                                  |   | 16. SOCIAL SECURITY NO.<br><b>no</b>  |  |  |
| 17. INFORMANT<br><b>Mr. Lewis W. Ehlers - 2723 W. Lafayette Av</b>  |                                  |   | ADDRESS   |  |  |

|  |  |
|--|--|
| 18. <b>177X I</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>CAUSE OF DEATH</b><br>(A) <b>carcinoma Prostate</b><br>DUE TO<br>(B) <b>Malignant lymphoma</b><br>DUE TO<br>(C)<br><b>INTERVAL BETWEEN ONSET AND DEATH</b><br><b>3 1/2 yrs</b> |  |
| 19. ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><b>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</b>   |  |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 19A. DATE OF OPERATION<br><b>Nov 10-1947</b>   |  | 19B. MAJOR FINDINGS OF OPERATION<br><b>carcinoma Prostate</b>  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                          |  |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input checked="" type="checkbox"/>  |  | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <input checked="" type="checkbox"/> |  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <input checked="" type="checkbox"/> |  |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <input checked="" type="checkbox"/>  |  | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                       |  | 21F. HOW DID INJURY OCCUR?   |  |
| 22. I hereby certify that I attended the deceased from <b>Oct 20, 1947</b> to <b>Jan 25, 1951</b> , that I last saw the deceased alive on <b>Jan 25, 1951</b> , and that death occurred at <b>11:30 P.M.</b> , from the causes and on the date stated above. |  |  |  |  |  |
| 23A. SIGNATURE<br><b>John S. McFarland</b>   |  | 23B. ADDRESS<br><b>1219 Daphne Street</b>  |  | 23C. DATE SIGNED<br><b>1/26/51</b>   |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |  | 24B. DATE<br><b>1/28/51</b>  |  | 24C. NAME OF CEMETERY OR CREMATORY<br><b>Mt. Paran Cem.</b>  |  |
| 24D. LOCATION (City, town, or county) (State)<br><b>Randallstown, Md.</b>  |  | 24E. NAME OF CEMETERY OR CREMATORY<br><b>Mt. Paran Cem.</b>  |  | 24F. LOCATION (City, town, or county) (State)<br><b>Randallstown, Md.</b>                                    |  |

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>JAN 27 1951</b> |  | REGISTRAR'S SIGNATURE<br><b>Wm. J. Lickner</b> |  | 25. FUNERAL DIRECTOR<br><b>Wm. J. Lickner &amp; Sons - Balt</b> |  |
| VS 150   |  | VS 150   |  | VS 150  |  |



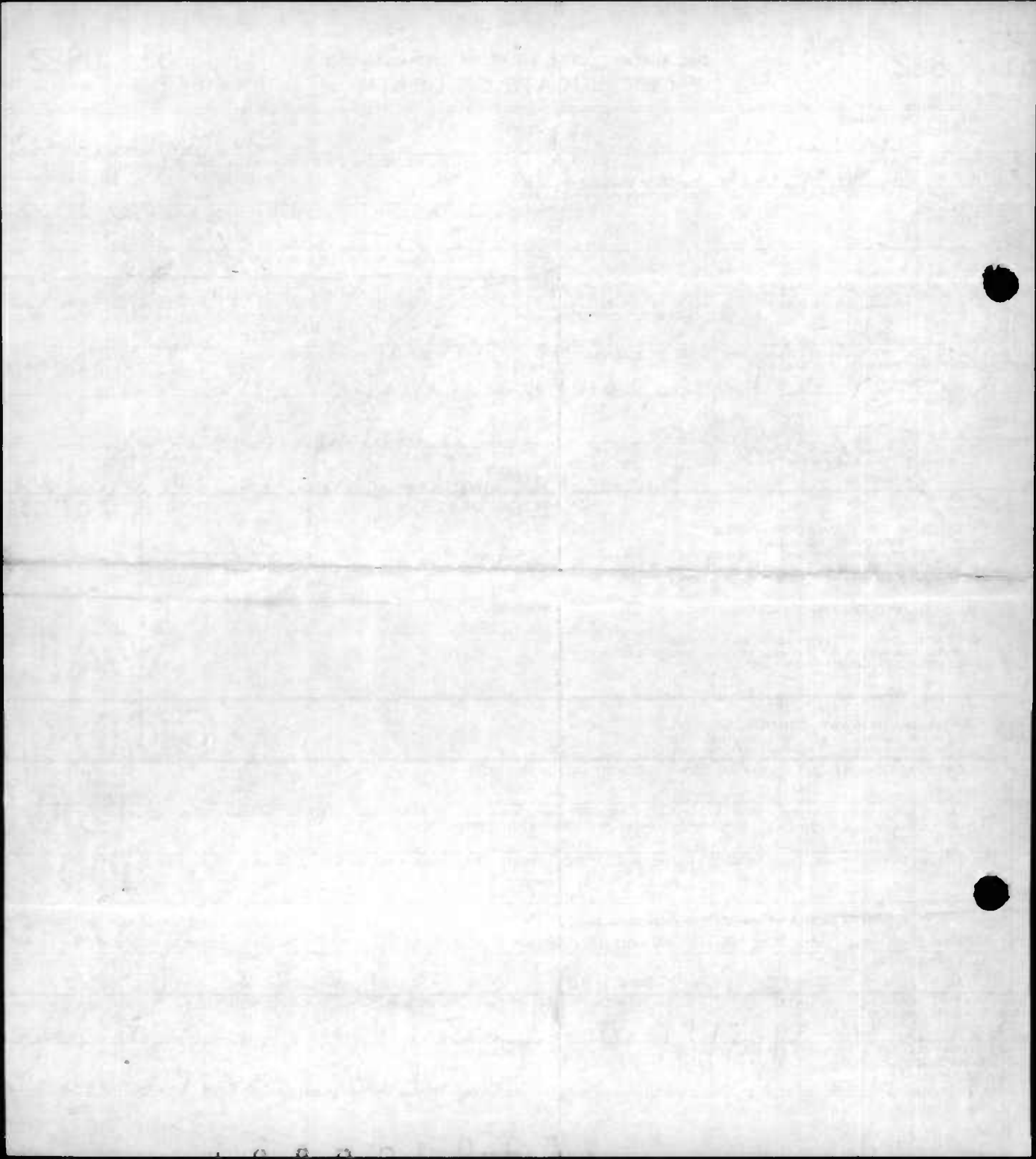
536  
51 0822BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 0822  
Registered No.

|  |                                  |  |  |   |                                  |
|--|----------------------------------|--|--|---|----------------------------------|
| BIRTH NO.  |                                  | 1. NAME OF DECEASED<br>(Type or Print) <i>Harry H. Andrew</i>  |  | 2. DATE OF DEATH<br><i>January 24-51</i>  |                                  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland <i>2416 Plevelyn Ave</i>   |                                  | 4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)<br>A. STATE <i>MD.</i><br>B. COUNTY <i>Baltimore</i> |  |   |                                  |
| B. FULL NAME OF HOSPITAL OR INSTITUTION  |                                  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><i>Baltimore</i>   |  |   |                                  |
| Length of stay in Baltimore  |                                  | D. STREET ADDRESS (If rural, give location)<br><i>2416 Plevelyn Ave</i>  |  |   |                                  |
| 5. SEX<br><i>Male</i>  | 6. COLOR OR RACE<br><i>White</i> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><i>Widowed</i>  | 8. DATE OF BIRTH<br><i>Feb-26-1880</i> | 9. AGE (in years last birthday)<br><i>70</i>  | 10. Under 1 Year<br>Months: Days |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><i>Laborer</i>  |                                  | 10B. KIND OF BUSINESS OR INDUSTRY<br><i>American Super Mkt.</i>  |  | 11. BIRTHPLACE (State or foreign country)<br><i>Dorchester Co Md.</i>               |                                  |
| 12. CITIZEN OF WHAT COUNTRY?   |                                  | 13. FATHER'S NAME<br><i>Jacob H. Andrew</i>  |  |   |                                  |
| 14. MOTHER'S MAIDEN NAME<br><i>Clementine Turner</i>   |                                  | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)  |  |   |                                  |
| 16. SOCIAL SECURITY NO.<br><i>212-09-6339</i>  |                                  | 17. INFORMANT<br><i>Mrs George Kraft - 2416 Plevelyn Ave</i>   |  |   |                                  |
| 18. <i>4221</i><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><i>Cardio Vascular Disease</i>           |                                  | CAUSE OF DEATH<br>(A) .....<br>DUE TO<br>(B) .....<br>DUE TO<br>(C) .....  |  | INTERVAL BETWEEN ONSET AND DEATH<br><i>7 mos.</i>                                   |                                  |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  |                                  |  |  |   |                                  |
| 19A. DATE OF OPERATION<br><i>0</i>   |                                  | 19B. MAJOR FINDINGS OF OPERATION   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |                                  |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  |                                  | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)  |  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)            |                                  |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  |                                  | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                                     |  | 21F. HOW DID INJURY OCCUR?  |                                  |
| 22. I hereby certify that I attended the deceased from <i>Nov. 1</i> , 1950, to <i>Jan 24</i> , 1951, that I last saw the deceased alive on <i>Jan 24</i> , 1951, and that death occurred at <i>10:45 P.M.</i> , from the causes and on the date stated above. |                                  |  |  |   |                                  |
| 23A. SIGNATURE<br><i>Jacob Fisher</i>  |                                  | 23B. ADDRESS<br><i>1823 N. Wash St.</i>  |  | 23C. DATE SIGNED<br><i>1/27/51</i>  |                                  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)  |                                  | 24B. DATE<br><i>1-27-51</i>  |  | 24C. NAME OF CEMETERY OR CREMATORY<br><i>Balto Cemetery</i>                         |                                  |
| 24D. LOCATION (City, town, or county) (State)<br><i>North Ave - Balto Md.</i>  |                                  | 25. FUNERAL DIRECTOR<br><i>John Miller Inc</i>   |  | ADDRESS<br><i>2425 E. Olive St</i>  |                                  |
| DATE RECEIVED BY LOCAL REGISTRAR<br><i>JAN 27 1951</i>   |                                  | REGISTRAR'S SIGNATURE<br><i>Washington, D.C.</i>   |  |   |                                  |

MEDICAL CERTIFICATION

97847

093d



500

REA-145341

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0823

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Violet Lillian Gwynn

2. DATE  
OF  
DEATH

Jan. 25, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR  
INSTITUTION Baltimore City Hospitals  
4940 Eastern Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE B. COUNTY  
Glen Arm, Maryland Balto. Co.C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore

D. STREET ADDRESS (If rural, give location)

Glen Arm, Maryland Balto. Co.

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

April 5, 1949

9. AGE (In years  
last birthday)

1

If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.

9

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

NONE

10B. KIND OF BUSINESS OR  
INDUSTRY

NONE

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

U. S. A

13. FATHER'S NAME

Elijah Gwynn

14. MOTHER'S MAIDEN NAME

Violet Pitchford

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL  
SECURITY NO.

none

17. INFORMANT

Records: B. C. H. 4940 Eastern Avenue

ADDRESS

18. D 53.2

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Septicemia

DUE TO

2 Days

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Pneumococcus

DUE TO

2 Days

(C)

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-24, 1951, to 1-25, 1951, that I last saw the deceased alive on 1-25, 1951, and that death occurred at 6:50 P. M., from the causes and on the date stated above.

23A. SIGNATURE

R. S. Hogan

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

1-26-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

1/27/51

24C. NAME OF CEMETERY OR CREMATORY

Mt. Zion

24D. LOCATION (City, town, or county) (State)

Long Green, Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wm. J. Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

H. J. Chatman - 1701 M. E. Cullen St.

Balto. Md.

0340



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

51 0824

Registered No. \_\_\_\_\_

|  |                                    |  |  |
|--|------------------------------------|--|--|
| 1. NAME OF DECEASED<br>(Type or Print) <b>JOHN WILLIAMS</b>  |                                    | 2. DATE OF DEATH <b>January 23, 1951</b>   |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland <i>Balto. City</i>   |                                    | 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)<br>A. STATE <b>Maryland</b><br>B. COUNTY _____ |  |
| B. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>Johns Hopkins Hospital</b>   |                                    | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore</b>                                     |  |
| 5. Length of stay in Baltimore <b>30 yrs</b>   |                                    | D. STREET ADDRESS (If rural, give location)<br><b>1126 E. Lombard Street</b>   |  |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>Colored</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Widowed</b>  | 8. DATE OF BIRTH<br><b>Sept. 19-1880</b>     |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Unemployed</b> |                                    | 10B. KIND OF BUSINESS OR INDUSTRY<br><b>None</b>   | 9. AGE (In years last birthday)<br><b>70</b> |
| 13. FATHER'S NAME<br><b>Unknown</b>  |                                    | 11. BIRTHPLACE (State or foreign country)<br><b>M. C.</b>  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)<br><b>no</b>                                   |                                    | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>  |  |
| 16. SOCIAL SECURITY NO.<br><b>Unknown</b>  |                                    | 14. MOTHER'S MAIDEN NAME<br><b>Unknown</b>   |  |
| 17. INFORMANT<br><b>Carlester Miles</b>  |                                    | ADDRESS<br><b>1422 Oakland</b>   |  |

MEDICAL CERTIFICATION

|   |  |                                  |
|---|--|----------------------------------|
| 18. <b>443 X</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, apoplexy, etc. It means the disease, injury or complication which caused death.)<br><b>Hypertensive cardiovascular disease</b><br>DUE TO<br>(A) _____<br>ANTECEDENT CAUSES<br>(B) _____<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br>(C) _____<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. |  | INTERVAL BETWEEN ONSET AND DEATH |
|---|--|----------------------------------|

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 19A. DATE OF OPERATION  |  | 19B. MAJOR FINDINGS OF OPERATION  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.  |  | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)   |  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)            |  |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY   |  | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |  | 21F. HOW DID INJURY OCCUR?  |  |
| 22. I certify that I took charge of the remains described above, held an <u>Inspection &amp; Inquiry</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> . |  |   |  |   |  |
| 23A. SIGNATURE<br><i>William V. Smith</i>   |  | 23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/><br>ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/><br>M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/> |  | 23C. DATE SIGNED<br><b>Jan. 23, 1951</b>  |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |  | 24B. DATE<br><b>1-27-51</b>   |  | 24C. NAME OF CEMETERY OR CREMATORY<br><b>mt Calvary Ave</b>                         |  |
| 24D. LOCATION (City, town, or county)<br><b>Balto, Md</b>   |  | 24E. NAME OF CEMETERY OR CREMATORY<br><b>Chgo. Wilson</b>   |  | 24F. ADDRESS<br><b>1000 Branton</b>   |  |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>JAN 27 1951</b>  |  | REGISTRAR'S SIGNATURE<br><i>William V. Smith</i>  |  | 25. FUNERAL DIRECTOR<br><i>Chgo. Wilson</i>   |  |

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Form No. 1

FILE NO. 10-100000

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

NAME OF DECEASED

AGE

SEX

RACE

DATE OF BIRTH

PLACE OF BIRTH

EDUCATION

OCCUPATION

DATE OF MARRIAGE

NAME OF SPOUSE

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

NAME OF DECEASED

AGE

SEX

DATE OF BIRTH

PLACE OF BIRTH

EDUCATION

OCCUPATION

DATE OF MARRIAGE

NAME OF SPOUSE

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

NAME OF DECEASED

AGE

SEX

DATE OF BIRTH

PLACE OF BIRTH

EDUCATION

OCCUPATION

DATE OF MARRIAGE

NAME OF SPOUSE

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

NAME OF DECEASED

AGE

SEX

DATE OF BIRTH

PLACE OF BIRTH

EDUCATION

OCCUPATION

DATE OF MARRIAGE

NAME OF SPOUSE

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

NAME OF DECEASED

AGE

SEX

DATE OF BIRTH

PLACE OF BIRTH

EDUCATION

OCCUPATION

DATE OF MARRIAGE

NAME OF SPOUSE

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

NAME OF DECEASED

AGE

SEX

DATE OF BIRTH

PLACE OF BIRTH

EDUCATION

OCCUPATION

DATE OF MARRIAGE

NAME OF SPOUSE

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

NAME OF DECEASED

AGE

SEX

DATE OF BIRTH

PLACE OF BIRTH

EDUCATION

OCCUPATION

DATE OF MARRIAGE

NAME OF SPOUSE

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

NAME OF DECEASED

AGE

SEX

DATE OF BIRTH

PLACE OF BIRTH

EDUCATION

OCCUPATION

DATE OF MARRIAGE

NAME OF SPOUSE

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

NAME OF DECEASED

AGE

SEX

DATE OF BIRTH

PLACE OF BIRTH

EDUCATION

OCCUPATION

DATE OF MARRIAGE

NAME OF SPOUSE

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

NAME OF DECEASED

AGE

SEX

P-420

51 0825

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 0825

|   |                                  |  |                                 |  |                                  |
|---|----------------------------------|--|---------------------------------|--|----------------------------------|
| BIRTH NO.   |                                  | 1. NAME OF DECEASED<br>(Type or Print) <b>ANNA POLLACK</b>   |                                 | 2. DATE OF DEATH <b>1/27/51</b>  |                                  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland   |                                  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>Maryland</b><br>B. COUNTY |                                 |  |                                  |
| B. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>Sinai Hospital</b>  |                                  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore</b>                               |                                 | <b>15-13</b>   |                                  |
| C. Length of stay in Baltimore <b>38 years</b>  |                                  | D. STREET ADDRESS (If rural, give location)<br><b>2612 Loyola Northway</b>   |                                 |  |                                  |
| 5. SEX<br><b>Female</b>   | 6. COLOR OR RACE<br><b>White</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b>  | 8. DATE OF BIRTH<br><b>1897</b> | 9. AGE (In years last birthday)<br><b>53</b>                           | 10. Under 1 Year<br>Months: Days |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b> |                                  | 10B. KIND OF BUSINESS OR INDUSTRY<br><b>Own Home</b>   |                                 | 11. BIRTHPLACE (State or foreign country)<br><b>Russia</b>             |                                  |
| 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>   |                                  | 13. FATHER'S NAME<br><b>Lazer Merenblum</b>  |                                 | 14. MOTHER'S MAIDEN NAME<br><b>Chernia ?</b>                           |                                  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)        |                                  | 16. SOCIAL SECURITY NO.  |                                 | 17. INFORMANT ADDRESS<br><b>Mr. Frank Pollack 2612 Loyola Northway</b> |                                  |

|   |  |  |
|---|--|--|
| 18. <b>170 X</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)<br><b>CARCINOMA OF BREAST &amp; METASTASIS</b><br>DUE TO<br><b>cardiac failure</b> |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>12-4-50</b><br><b>1/27/51</b> |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><b>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</b>  |  |  |

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| 19A. DATE OF OPERATION<br><b>0</b>  |  | 19B. MAJOR FINDINGS OF OPERATION  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                |  |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH   |  | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                  |  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)                           |  |
| 21D. TIME (Month) (Day) (Year) (Hour)<br><b>Jan 27 1951 2:30 p.m.</b>   |  | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21F. HOW DID INJURY OCCUR?   |  |
| 22. I hereby certify that I attended the deceased from <b>Jan 25</b> , 1951, to <b>Jan 27</b> , 1951, that I last saw the deceased alive on <b>Jan 27</b> , 1951, and that death occurred at <b>2:30 p.m.</b> , from the causes and on the date stated above. |  |   |  |  |  |
| 23A. SIGNATURE<br><b>Elmer B. Bergant</b>   |  | 23B. ADDRESS<br><b>Sinai Hospital</b>   |  | 23C. DATE SIGNED<br><b>1/27/51</b>   |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |  | 24B. DATE<br><b>1/28/51</b>   |  | 24C. NAME OF CEMETERY OR CREMATORY<br><b>Rosedale Agudas Enai Jacob Lodge, Baltimore, Maryland</b> |  |
| DATE RECEIVED BY LOCAL REGISTRAR  |  | REGISTRAR'S SIGNATURE   |  | 25. FUNERAL DIRECTOR ADDRESS<br><b>17 Sol Levinson &amp; Bros. 1124-26 W. North Ave.</b>           |  |

JAN 28 1951  
VS 150

51 0825

100-21119

6280

LA Pokorny  
K-3453 0825

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0825

Registered No.

|   |                                  |   |  |
|---|----------------------------------|---|--|
| 1. NAME OF DECEASED<br>(Type or Print) <i>Elizabeth Kotwald</i>   |                                  | 2. DATE OF DEATH <i>Jan. 26/51</i>  |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland   |                                  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <i>Maryland</i> B. COUNTY |  |
| 5. FULL NAME OF HOSPITAL OR INSTITUTION<br><i>2212 Ashland Ave</i><br><i>63</i>                                 |                                  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><i>Baltimore</i><br><i>7-03</i>             |  |
| 6. LENGTH OF STAY IN BALTIMORE<br><i>63</i>   |                                  | D. STREET ADDRESS (If rural, give location)<br><i>2212 Ashland Ave</i>  |  |
| 5. SEX<br><i>Female</i>   | 6. COLOR OR RACE<br><i>White</i> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><i>Widowed</i>   | 8. DATE OF BIRTH<br><i>2-27-1871</i>         |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><i>Housework</i> |                                  | 10B. KIND OF BUSINESS OR INDUSTRY<br><i>Home</i>  | 9. AGE (In years last birthday)<br><i>79</i> |
| 11. BIRTHPLACE (State or foreign country)<br><i>Phoenixa</i>  |                                  | 12. CITIZEN OF WHAT COUNTRY?<br><i>U.S.A.</i>   |  |
| 13. FATHER'S NAME<br><i>Joseph Bubnicka</i>   |                                  | 14. MOTHER'S MAIDEN NAME<br><i>Not known</i>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no or unknown)   |                                  | 16. SOCIAL SECURITY NO.   |  |
| 17. INFORMANT<br><i>Mrs. Frank Sobush</i>   |                                  | ADDRESS<br><i>2212 Ashland Ave</i>  |  |

|  |   |   |
|--|---|---|
| 18. <i>260X I</i><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><br>ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><br>II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | CAUSE OF DEATH<br>(A) <i>Coronary Occlusion</i><br>DUE TO<br>(B) <i>Generalized Arterio Sclerosis</i><br>DUE TO<br>(C) <i>Diabetes Mellitus</i> | INTERVAL BETWEEN ONSET AND DEATH<br><i>1 hour</i><br><i>15 yrs</i><br><i>15 yrs</i> |
|--|---|---|

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| 19A. DATE OF OPERATION<br><i>0</i>  |  | 19B. MAJOR FINDINGS OF OPERATION  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |  |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH   |  | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                  |  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) |  |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY   |  | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21F. HOW DID INJURY OCCUR?   |  |
| 22. I hereby certify that I attended the deceased from <i>June</i> , 19 <i>35</i> , to <i>Jan 26</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>Jan 25</i> , 19 <i>51</i> , and that death occurred at <i>5 p.m.</i> , from the causes and on the date stated above. |  |   |  |  |  |
| 23A. SIGNATURE<br><i>Joseph Pokorny</i>   |  | 23B. ADDRESS<br><i>2200 E Madison St</i>  |  | 23C. DATE SIGNED<br><i>1/28/51</i>                                       |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><i>Burial</i>  |  | 24B. DATE<br><i>1-29-51</i>   |  | 24C. NAME OF CEMETERY OR CREMATORY<br><i>Oak Hill</i>                    |  |
| 24D. LOCATION (City, town, or county)<br><i>Baltimore</i>   |  | 24E. FUNERAL DIRECTOR<br><i>Frank Broach</i>  |  | ADDRESS<br><i>800 E. Chester</i>   |  |

JAN 28 1951  
VS 150

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January 2, 1900  
New York City  
12/27/99

10 12 14 16 18 20 22 24 26 28 30 32 34 36 38 40 42 44 46 48 50 52 54 56 58 60 62 64 66 68 70 72 74 76 78 80 82 84 86 88 90 92 94 96 98 100

10 12 14 16 18 20 22 24 26 28 30 32 34 36 38 40 42 44 46 48 50 52 54 56 58 60 62 64 66 68 70 72 74 76 78 80 82 84 86 88 90 92 94 96 98 100



4-563  
51 0827

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 0827

|   |                               |   |                                       |  |                               |
|---|-------------------------------|---|---------------------------------------|--|-------------------------------|
| BIRTH NO.   |                               | 1. NAME OF DECEASED<br>(Type or Print) <i>Rosario LaMartina</i>   |                                       | 2. DATE OF DEATH <i>Jan 26/51</i>                      |                               |
| 3. PLACE OF DEATH:<br>a. Baltimore City, Maryland   |                               | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <i>Maryland</i> b. COUNTY |                                       |  |                               |
| b. FULL NAME OF HOSPITAL OR INSTITUTION <i>2020 Ashland Ave</i>   |                               | c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>7-04</i>                   |                                       |  |                               |
| c. Length of stay in Baltimore  |                               | d. STREET ADDRESS (If rural, give location) <i>2020 Ashland Ave</i>   |                                       |  |                               |
| 5. SEX <i>M</i>   | 6. COLOR OR RACE <i>White</i> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>  | 8. DATE OF BIRTH <i>Nov. 27, 1888</i> | 9. AGE (In years last birthday) <i>62</i>              | 10. Under 1 Year Months: Days |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Shoe repairing</i> |                               | 10b. KIND OF BUSINESS OR INDUSTRY <i>Self</i>   |                                       | 11. BIRTHPLACE (State or foreign country) <i>Italy</i> |                               |
| 13. FATHER'S NAME <i>Liborio LaMartina</i>  |                               | 14. MOTHER'S MAIDEN NAME <i>Not known</i>   |                                       | 12. CITIZEN OF WHAT COUNTRY?                           |                               |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)   |                               | 16. SOCIAL SECURITY NO.   |                                       | 17. INFORMANT ADDRESS <i>Concetta LaMartina</i>        |                               |

|  |  |  |
|--|--|--|
| 1b. <i>420.1</i><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><br>ANTECEDENT CAUSES<br><br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. | CAUSE OF DEATH<br>(A) <i>Coronary Thrombosis</i><br>DUE TO<br>(B) <i>Hypertensive C.V.D.</i><br>DUE TO<br>(C) <i>Atherosclerosis</i> | INTERVAL BETWEEN ONSET AND DEATH<br><i>1 day</i><br><i>?</i> |
|--|--|--|

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CERTIFICATION APPROVED BY

|  |   |   |
|--|---|---|
| 19a. DATE OF OPERATION <i>0</i>  | 19b. MAJOR FINDINGS OF OPERATION <i>William C. D.</i>   | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/> | 21b. PLACE OF INJURY (e.g., in house or apartment, about home, farm, factory, street, office bldg., etc.)<br>INJURY OCCUR? <input type="checkbox"/> | 21c. HOW DID INJURY OCCUR?  |
| 21d. TIME (Month) (Day) (Year) (Hour) OF INJURY                                      | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |   |

22. I hereby certify that I attended the deceased from *1/26*, 19*50*, to *1/26*, 19*51*, that I last saw the deceased alive on *10/24*, 19*49*, and that death occurred at *6 P.* m., from the causes and on the date stated above.

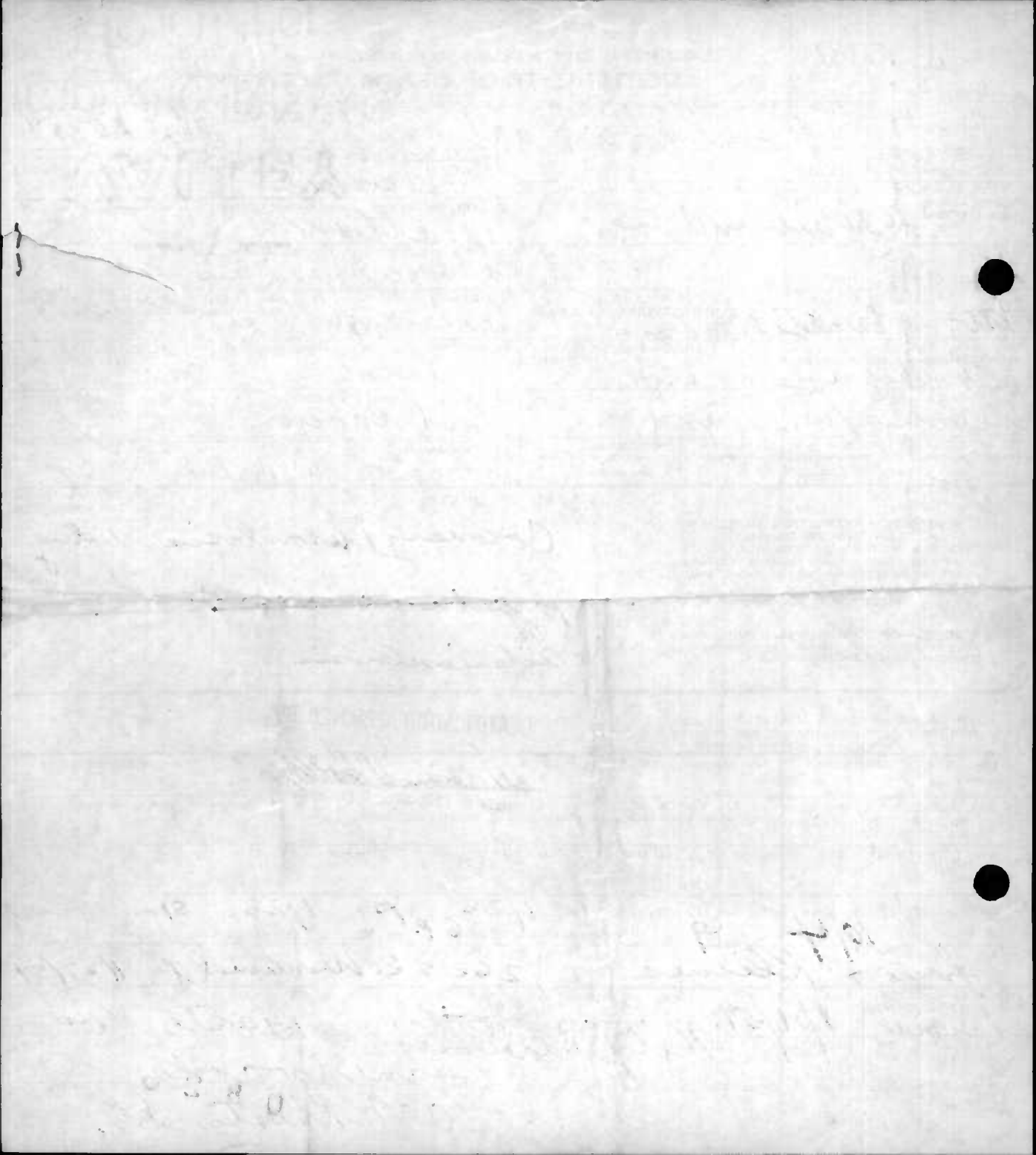
|                                       |   |                                 |
|---------------------------------------|---|---------------------------------|
| 23a. SIGNATURE <i>Louis F. Klimes</i> | 23b. ADDRESS <i>262 E. Monument St.</i> | 23c. DATE SIGNED <i>1/27/51</i> |
|---------------------------------------|---|---------------------------------|

|   |                          |   |   |
|---|--------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i> | 24b. DATE <i>1/31/51</i> | 24c. NAME OF CEMETERY OR CREMATORY <i>Gate Hill</i> | 24d. LOCATION (City, town, or county) (State) <i>Balto Md</i> |
|---|--------------------------|---|---|

|                                  |  |  |
|----------------------------------|--|--|
| DATE RECEIVED BY LOCAL REGISTRAR | REGISTRAR'S SIGNATURE <i>John P. Cravens</i> | 25. FUNERAL DIRECTOR ADDRESS <i>5828 E 900 N. Chester St, 093d</i> |
|----------------------------------|--|--|

JAN 28 1951





TO BE APPROVED

51 0828

## BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No.

B-25120828  
BIRTH NO. 60-19490

1. NAME OF DECEASED (Type or Print) **EDITH KATHERINE BABY BUHACEVICH**

2. DATE OF DEATH **1-27-51**

3. PLACE OF DEATH:  
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)  
A. STATE **MD** B. COUNTY **Anne Arundel**

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)  
**D.O.A at University Hospital**

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
**BALTIMORE 5200**

7. STREET ADDRESS (If rural, give location)  
**716 COTTER ROAD**

8. LENGTH OF STAY IN BALTIMORE

9. SEX **FEMALE**

10. COLOR OR RACE **White**

11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **SINGLE**

12. DATE OF BIRTH **SEPT 14-1950**

13. AGE (In years last birthday) **4** Months **13** Days

14. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

15. KIND OF BUSINESS OR INDUSTRY

16. BIRTH PLACE (State or foreign country) **BALTO MD**

17. CITIZEN OF WHAT COUNTRY

18. FATHER'S NAME **MILTON M. BUHACEVICH**

19. MOTHER'S M maiden NAME **JOAN CROMER**

20. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or unknown) (If yes, give war or dates of service)

21. SOCIAL SECURITY NO. **116**

22. INFORMANT **MILTON M. BUHACEVICH COTTER RD**

18. **571.0** CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Diarrhea**

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CERTIFICATION APPROVED BY

*[Signature]*

CHIEF OR ASST. MEDICAL EXAMINER.

19A. DATE OF OPERATION **0**

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **none**

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **1-27**, 19**51**, to **1-27**, 19**51**, that I last saw the deceased alive on **1-27**, 19**51**, and that death occurred at **9:30 A.M.** from the causes and on the date stated above.

23A. SIGNATURE **James M. Bisanz** M. D.

23B. ADDRESS **University Hospital**

23C. DATE SIGNED **1-27-51**

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE **1-29-51**

24C. NAME OF CEMETERY OR CREMATORY **Random Park & Balto MD**

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR **IAN 281551**

REGISTRAR'S SIGNATURE **Thurston**

25. FUNERAL DIRECTOR **John C. H. M. Walters**

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51 0829

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 0829  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

HENRY DEBEER

2. DATE  
OF  
DEATH

1-26-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

Sinai Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 13-03

D. STREET ADDRESS (If rural, give location)

2354 Eutaw Place

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years  
last birthday)If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18. 603 X I

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK22. I hereby certify that I attended the deceased from 1-19, 1951 to 1-26, 1951, that I last saw the  
deceased alive on 1-26, 1951, and that death occurred at 6 P.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

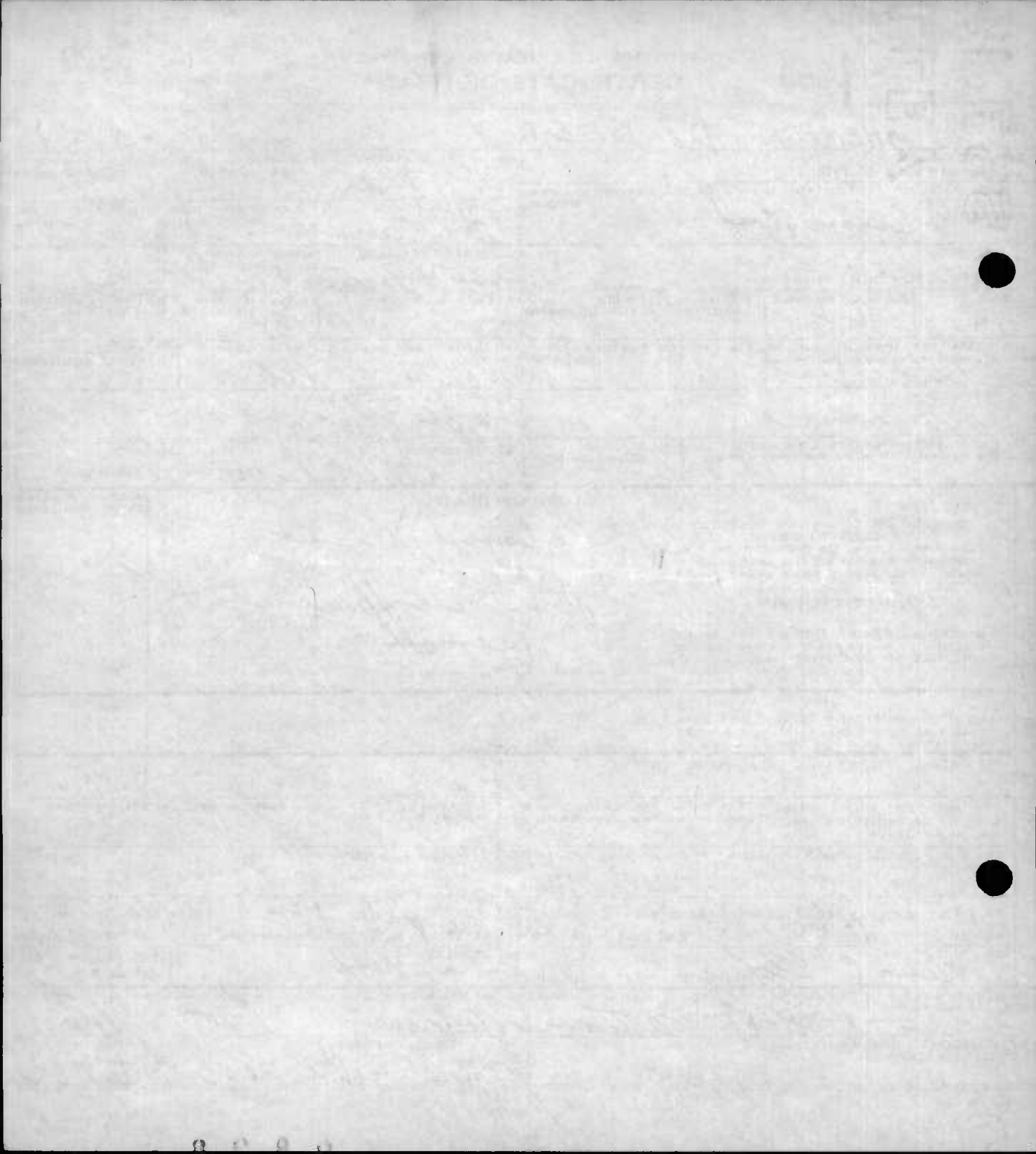
25. FUNERAL DIRECTOR

ADDRESS

JAN 28 1951  
JAN 15 1951

490 62

133 f



G-651  
51 0830BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 0830  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

RUBIN GREENBERG

2. DATE  
OF  
DEATH

1-26-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

Sinai/Kasp.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

3-02

D. STREET ADDRESS (If rural, give location)

2 So Exeter St

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE ☒ MARRIED  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years  
last birthday)If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.

53

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Editor

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Not known

14. MOTHER'S MAIDEN NAME

Not known

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Sarah Greenberg - Same

18. 420.0 I

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-26 1957 to 1-26 1957, that I last saw the  
deceased alive on 1-26 1957 and that death occurred at 6:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Henry P. Stohman

M. D.

23B. ADDRESS

Sinai Kasp.

23C. DATE SIGNED

1-26-51

24A. BURIAL, CREMA-  
TION REMOVAL (Specify)

24B. DATE

Burial 1-28-51

24C. NAME OF CEMETERY OR CREMATORY

Rosedale

24D. LOCATION (City, town, or county)

Baltimore

(State)

MD

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 28 1951

Jack Lewis Inc 2100 Eutaw Pl







G-432  
51 1831BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

51 0831

BIRTH NO. \_\_\_\_\_

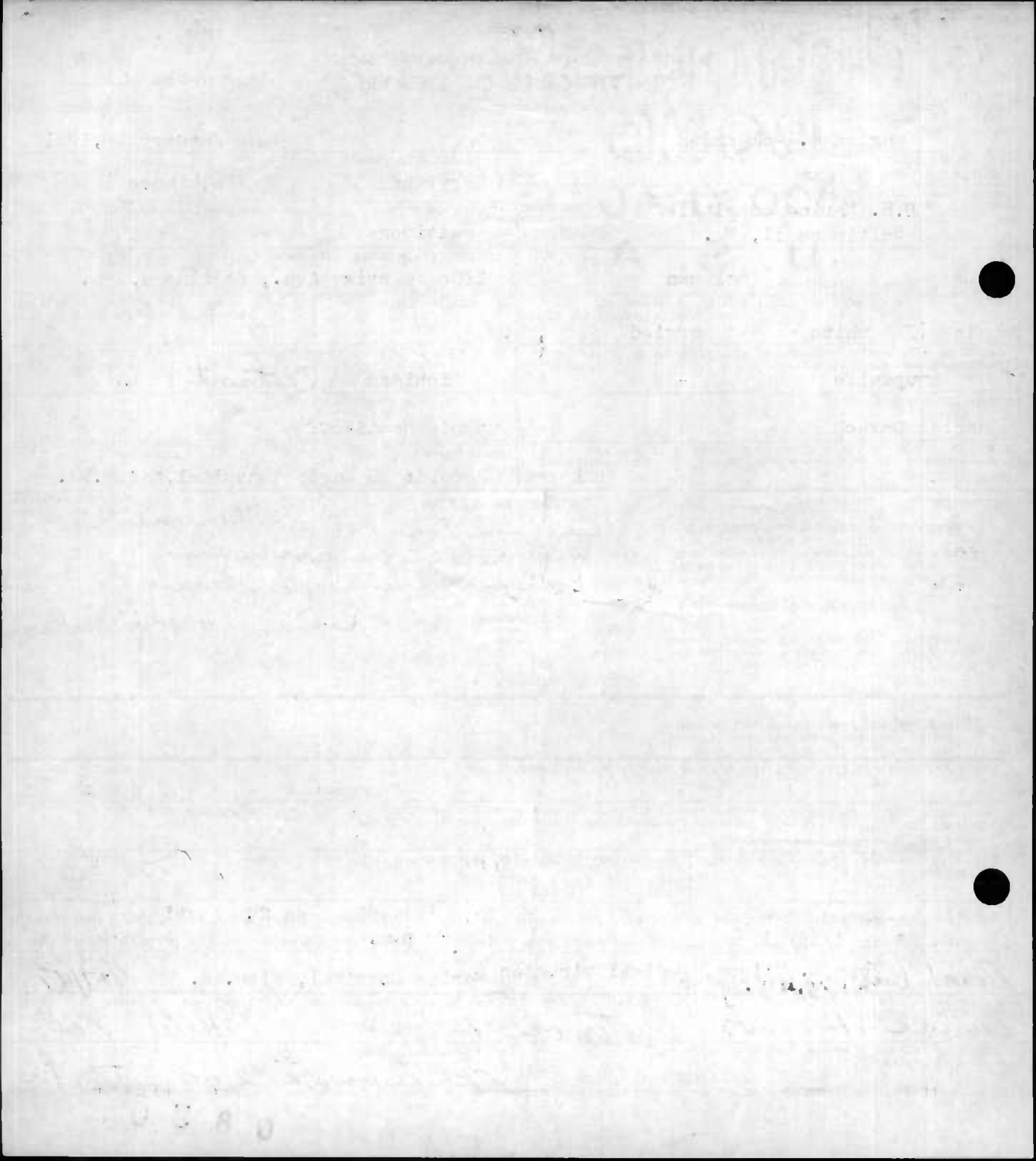
|  |                                  |   |   |  |                               |
|--|----------------------------------|---|---|--|-------------------------------|
| 1. NAME OF DECEASED<br>(Type or Print) <b>Marian S. Goldsmith</b>  |                                  |   | 2. DATE OF DEATH <b>January 26, 1951</b>  |  |                               |
| 3. PLACE OF DEATH:<br>A. <b>Baltimore City, Maryland</b>   |                                  |   | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>Maryland</b><br>B. COUNTY <b>Baltimore</b> |  |                               |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR U.S. Marine Hospital<br>INSTITUTION <b>Baltimore 11, Md.</b> |                                  |   | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore</b>  |  |                               |
| D. STREET ADDRESS (If rural, give location)<br><b>2605 Fairview Ave., Baltimore, Md.</b>   |                                  |   | 15-03   |  |                               |
| 5. LENGTH OF STAY IN BALTIMORE <b>unknown</b>  |                                  |   | Yrs. Mos. Days  |  |                               |
| 5. SEX<br><b>female</b>  | 6. COLOR OR RACE<br><b>white</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>married</b> | 8. DATE OF BIRTH<br><b>2/13/13</b>  | 9. AGE (In years last birthday)<br><b>37</b> | 10. Under 1 Year Months: Days |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>housewife</b>  |                                  |   | 10B. KIND OF BUSINESS OR INDUSTRY<br><b>-</b>   |  |                               |
| 13. FATHER'S NAME<br><b>Charles Darack</b>   |                                  |   | 14. MOTHER'S MAIDEN NAME<br><b>Sophie Resnikoff</b>   |  |                               |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)<br><b>unknown</b>   |                                  |   | 16. SOCIAL SECURITY NO.<br><b>unknown</b>   |  |                               |
| 17. INFORMANT<br><b>Records US Marine Hospital, Balto. Md.</b>   |                                  |   | ADDRESS   |  |                               |

|  |            |            |            |
|--|------------|------------|------------|
| 18. <b>175X</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>CAUSE OF DEATH</b><br><b>Carcinomatosis of peritoneum and metastatic carcinoma of liver due to papillary adenocarcinoma of ovaries</b><br>INTERVAL BETWEEN ONSET AND DEATH | (A) DUE TO | (B) DUE TO | (C) DUE TO |
| 19. ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.   |            |            |            |
| 20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  |            |            |            |

|  |   |  |  |   |  |
|--|---|--|--|---|--|
| 19A. DATE OF OPERATION<br><b>2/1</b>   |   | 19B. MAJOR FINDINGS OF OPERATION   |  | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |  |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH<br><input type="checkbox"/>  | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) |  |   |  |
| 21D. TIME (Month) (Day) (Year) (Hour) INJURY   | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21F. HOW DID INJURY OCCUR?   |  |   |  |
| 22. I hereby certify that I attended the deceased from <b>Nov 20, 1950</b> to <b>Jan 26, 1951</b> , that I last saw the deceased alive on <b>1/26/51</b> , 19 <b>51</b> , and that death occurred at <b>6 p.m.</b> from the causes and on the date stated above. |   |  |  |   |  |
| 23A. SIGNATURE<br><b>John L. Wilson</b>  |   | 23B. ADDRESS<br><b>US Marine Hospital, Balto. Md.</b>                    |  | 23C. DATE SIGNED<br><b>1/27/51</b>  |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 24B. DATE<br><b>1-28-51</b>   | 24C. NAME OF CEMETERY OR CREMATORY<br><b>Baltimore Hebrew</b>            | 24D. LOCATION (City, town, or county) (State)<br><b>Balto Md</b> |   |  |
| DATE RECEIVED BY LOCAL REGISTRAR   | REGISTRAR'S SIGNATURE<br><b>John L. Wilson</b>  | 25. FUNERAL DIRECTOR<br><b>Jack Lewis</b>                                |  | ADDRESS<br><b>2100 Eutaw Pl</b>   |  |

VS 150

951000083049a



M-526  
51 0832

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0832  
Registered No.

|   |                                  |   |                  |  |  |
|---|----------------------------------|---|------------------|--|--|
| BIRTH NO.   |                                  | 1. NAME OF DECEASED<br>(Type or Print) <b>HEINRICH MAINZER</b>  |                  | 2. DATE OF DEATH <b>1-27-51</b>  |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland   |                                  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>MD</b> B. COUNTY   |                  |  |  |
| B. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>1821 Fairview Ave</b>   |                                  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore 15-09</b>  |                  |  |  |
| C. Length of stay in Baltimore<br><b>10</b> Yrs. <b>10</b> Mos. <b>10</b> Days  |                                  | D. STREET ADDRESS (If rural, give location)<br><b>1821 Fairview Ave</b>   |                  |  |  |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b>   | 8. DATE OF BIRTH | 9. AGE (In years, last birthday)<br><b>78</b>                            | If Under 1 Year Months: Days If Under 24 Hours Hours: Min. |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Retired</b>   |                                  | 10B. KIND OF BUSINESS OR INDUSTRY<br><b>Cattle Dealer</b>   |                  | 11. BIRTHPLACE (State or foreign country)<br><b>Germany</b>              |  |
| 13. FATHER'S NAME<br><b>Herman</b>  |                                  | 12. CITIZEN OF WHAT COUNTRY?  |                  |  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)   |                                  | 16. SOCIAL SECURITY NO.   |                  | 17. INFORMANT<br><b>Rosa Mainzer -</b>                                   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)   |                                  | 16. SOCIAL SECURITY NO.   |                  | ADDRESS<br><b>Baltimore</b>  |  |
| 18. <b>519X</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>generalized arteriosclerosis</b><br><b>Papilloma of the bladder.</b> |                                  | CAUSE OF DEATH<br>(A) <b>generalized arteriosclerosis</b><br><b>Papilloma of the bladder.</b><br>(B) <b>Prostatic enlargement</b><br><b>Incontinence of bladder</b><br>(C) <b>Incontinence of bladder</b> |                  | INTERVAL BETWEEN ONSET AND DEATH   |  |
| 19A. DATE OF OPERATION<br><b>1-20</b>   |                                  | 19B. MAJOR FINDINGS OF OPERATION  |                  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |  |
| 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)  |                                  | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)   |                  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) |  |
| 21D. TIME (Month) (Day) (Year) (Hour) INJURY  |                                  | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>   |                  | 21F. HOW DID INJURY OCCUR?   |  |
| 22. I hereby certify that I attended the deceased from <b>1-25-51</b> to <b>1-27-51</b> , that I last saw the deceased alive on <b>1-25-51</b> , and that death occurred at <b>1-27-51</b> m., from the causes and on the date stated above.  |                                  |   |                  |  |  |
| 23A. SIGNATURE<br><b>W. H. Charles</b>  |                                  | 23B. ADDRESS<br><b>3103 N. Charles St. Baltimore, Md.</b>   |                  | 23C. DATE SIGNED<br><b>1-28-51</b>                                       |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |                                  | 24B. DATE<br><b>1-28-51</b>   |                  | 24C. LOCATION (City, town, or county) (State)<br><b>Baltimore Md.</b>    |  |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>JAN 28 1951</b>  |                                  | REGISTRAR'S SIGNATURE<br><b>W. H. Charles</b>   |                  | 25. FUNERAL DIRECTOR<br><b>Jack Lewis &amp; Co</b>                       |  |
|   |                                  |   |                  | ADDRESS<br><b>2100 Canton Pl</b>   |  |

MEDICAL CERTIFICATION

0562

CERTIFICATE OF DEATH

DECEASED: *WILLIAM J. HARRIS*

AGE: *70*

RESIDENCE: *1234 Main Street, New York, N.Y.*

DATE OF DEATH: *1945-12-25*

CAUSE OF DEATH: *Heart failure*

SIGNATURE OF DECEASED: *William J. Harris*

DATE: *1945-12-25*

K-460  
1. 0833BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 0833  
Registered No.

BIRTH NO.

|   |                              |  |   |  |   |
|---|------------------------------|--|---|--|---|
| 1. NAME OF DECEASED<br>(Type or Print) <i>Ann Keller</i>  |                              |  | 2. DATE OF DEATH<br><i>1-27-51</i>  |  |   |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland   |                              |  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <i>md.</i> B. COUNTY <i>BALTO</i> |  |   |
| 5. B. FULL NAME OF (If not in hospital or institution, give street address or location)<br><i>Univ. Hosp</i>    |                              |  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><i>Victory Villa. 53-00</i>                         |  |   |
| 6. LENGTH OF STAY IN BALTIMORE  |                              |  | D. STREET ADDRESS (If rural, give location)<br><i>33 Bolling Rd</i>   |  |   |
| 5. SEX<br><i>F</i>  | 6. COLOR OR RACE<br><i>W</i> | 7. SINGLE <input checked="" type="checkbox"/> MARRIED<br>WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH<br><i>July 2, 1925</i>   |  | 9. AGE (In years last birthday)<br><i>25</i>                  |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><i>Housewife</i> |                              |  | 10B. KIND OF BUSINESS OR INDUSTRY   |  | 11. BIRTHPLACE (State or foreign country)<br><i>Aldon, Pa</i> |
| 13. FATHER'S NAME<br><i>Jeank Schyswoski</i>  |                              |  | 14. MOTHER'S MAIDEN NAME<br><i>Effie Olscheski</i>  |  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)<br><i>No.</i>               |                              | 16. SOCIAL SECURITY NO.  | 17. INFORMANT ADDRESS<br><i>Mr. H.P. Ferrell 3430 Mayfield Ave</i>  |  |   |

|  |  |                |                                  |
|--|--|----------------|----------------------------------|
| 1B. <i>2924</i><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, apnea, etc. It means the disease, injury or complication which caused death.)<br><i>Aplastic Anemia</i> |  | CAUSE OF DEATH | INTERVAL BETWEEN ONSET AND DEATH |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br>(B) _____<br>(C) _____   |  | QUE TO         |                                  |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  |  |                |                                  |

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 19A. DATE OF OPERATION<br><i>1-20-51</i>  |  | 19B. MAJOR FINDINGS OF OPERATION<br><i>Aplastic Bone Marrow.</i>  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>  |  | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                  |  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)            |  |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY   |  | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21F. HOW DID INJURY OCCUR?  |  |
| 22. I hereby certify that I attended the deceased from <i>1-</i> <i>1951</i> , to <i>1-27</i> , 1951, that I last saw the deceased alive on <i>1-27</i> , 1951, and that death occurred at <i>10:30</i> p.m., from the causes and on the date stated above. |  |   |  |   |  |
| 23A. SIGNATURE<br><i>Ante S. Hoge</i>   |  | 23B. ADDRESS<br><i>Univ. Hosp.</i>  |  | 23C. DATE SIGNED<br><i>1-28-51</i>  |  |

|   |  |  |  |  |  |   |  |
|---|--|--|--|--|--|---|--|
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><i>Removal</i> |  | 24B. DATE<br><i>1/28/51</i>                        |  | 24C. NAME OF CEMETERY OR CREMATORY<br><i>Glen Lyon</i> |  | 24D. LOCATION (City, town, or county) (State)<br><i>Pa. Glen Lyon</i> |  |
| DATE RECEIVED BY LOCAL REGISTRAR<br><i>JAN 29 1951</i>      |  | REGISTRAR'S SIGNATURE<br><i>William J. Lickner</i> |  | 25. FUNERAL DIRECTOR<br><i>William J. Lickner</i>      |  | ADDRESS<br><i>Mt. Air. Ave</i>  |  |

VS 150

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K-523  
51 2834

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

0834  
51 0834

BIRTH NO.

|  |                                  |  |  |  |   |
|--|----------------------------------|--|--|--|---|
| 1. NAME OF DECEASED<br>(Type or Print)<br><b>ALMIRA STANSBURY KNIGHT</b>   |                                  |  | 2. DATE OF DEATH<br><b>Jan. 25, 1951</b>   |  |   |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland  |                                  |  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE<br><b>Md.</b><br>B. COUNTY |  |   |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR INSTITUTION<br><b>1936 W. Lafayette Ave.</b> |                                  |  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore</b>                             |  |   |
| C. Length of stay in Baltimore<br>Yrs.<br>Mos.<br>Days   |                                  |  | D. STREET ADDRESS (If rural, give location)<br><b>1936 W. Lafayette Ave.</b>   |  |   |
| 5. SEX<br><b>female</b>  | 6. COLOR OR RACE<br><b>white</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>single</b> | 8. DATE OF BIRTH<br><b>Oct. 5, 1867</b>  | 9. AGE (In years last birthday)<br><b>83</b> | If Under 1 Year<br>Months: Days<br>If Under 24 Hours<br>Hours: Min. |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Dressmaker (rtd)</b>                           |                                  |  | 10B. KIND OF BUSINESS OR INDUSTRY<br><b>own business</b>   |  |   |
| 11. BIRTHPLACE (State or foreign country)<br><b>Maryland</b>   |                                  |  | 12. CITIZEN OF WHAT COUNTRY?   |  |   |
| 13. FATHER'S NAME<br><b>William H. Knight</b>  |                                  |  | 14. MOTHER'S MAIDEN NAME<br><b>Laura V. McCleary</b>   |  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)<br><b>no</b>                            |                                  |  | 16. SOCIAL SECURITY NO.<br><b>no</b>   |  |   |
| 17. INFORMANT<br><b>Mrs. Ellen V. Sinclair</b>   |                                  |  | ADDRESS<br><b>- 1936 W. Lafayette</b>  |  |   |

|  |   |
|--|---|
| 18. <b>420.1</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Coronary Thrombosis</b><br>(A) DUE TO<br><b>Chr. myocarditis</b><br>(B) DUE TO<br>(C) DUE TO | CAUSE OF DEATH<br><b>1-25-51</b><br><b>1950</b> |
| INTERVAL BETWEEN ONSET AND DEATH   |   |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  |   |

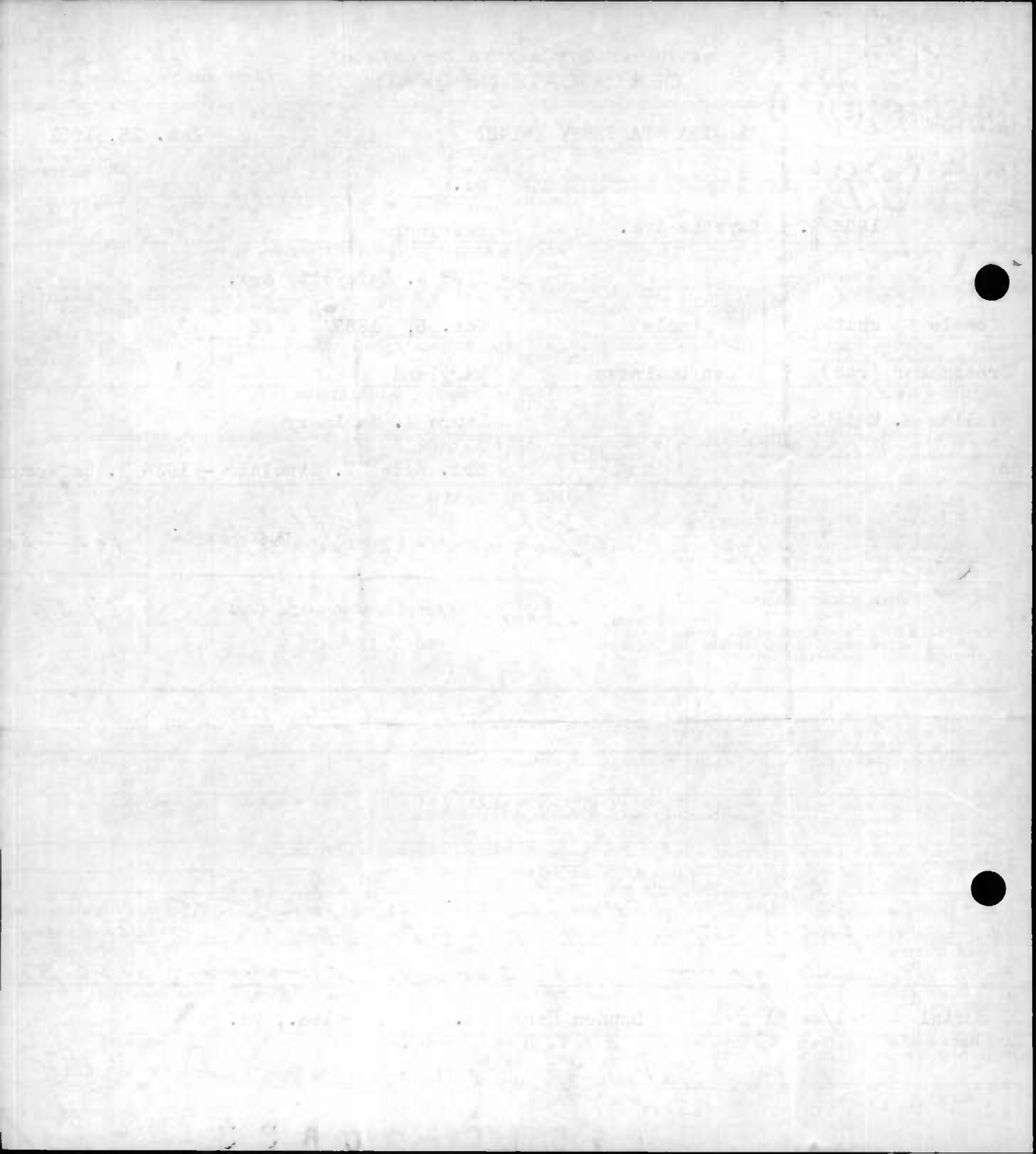
|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 19A. DATE OF OPERATION<br><b>0</b>   |  | 19B. MAJOR FINDINGS OF OPERATION   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |  |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  |  | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)              |  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) |  |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  |  | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21F. HOW DID INJURY OCCUR?   |  |
| 22. I hereby certify that I attended the deceased from <b>Jan 15, 1951</b> to <b>Jan 25, 1951</b> , that I last saw the deceased alive on <b>Jan 25, 1951</b> , and that death occurred at <b>10:12 m.</b> , from the causes and on the date stated above. |  |  |  |  |  |
| 23A. SIGNATURE<br><b>Rose Brown</b>  |  | 23B. ADDRESS<br><b>3602 Liberty Hgts. W.</b>   |  | 23C. DATE SIGNED<br><b>1-26-51</b>                                       |  |

|  |   |   |   |
|--|---|---|---|
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> | 24B. DATE<br><b>1/29/51</b>                         | 24C. NAME OF CEMETERY OR CREMATORY<br><b>Loudon Park Cem.</b> | 24D. LOCATION (City, town, or county) (State)<br><b>Balto., Md.</b> |
| DATE RECEIVED BY LOCAL REGISTRAR                           | REGISTRAR'S SIGNATURE<br><b>Therese J. Williams</b> | 25. FUNERAL DIRECTOR<br><b>Wm. J. Lickner &amp; Sons</b>      | ADDRESS<br><b>Balto. Md.</b>  |

JAN 28 1951

195100008330922





51 0835

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 0835

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Mr. James Wilson Ricketts

2. DATE  
OF  
DEATH

1-26-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

MD.

B. COUNTY

BALTO. Co.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTO-28, CATONVILLE

D. STREET ADDRESS (If rural, give location)

401 LOCUST DRIVE - 5300

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

2-10-13

9. AGE (In years

37

If Under 1 Year

Months: Days

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of

work done during most of working life, even if retired)

Optician -

10B. KIND OF BUSINESS OR

INDUSTRY

EMPLOYED BY FIRM

11. BIRTHPLACE (State or foreign country)

BALTO. -

12. CITIZEN OF

WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

JAMES SIDNEY RICKETTS

14. MOTHER'S MAIDEN NAME

MARTHA BURR SOMERS

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL

SECURITY NO.

215-07-6181

17. INFORMANT 401 LOCUST DRIVE ADDRESS CATONS.

MRS EDNA M. RICKETTS MD.

18. 42011

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Myocardial infarction

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Bronchopneumonia

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-11-51, 1951, to 1-26-51, 1951, that I last saw the deceased alive on 1-26-51, 1951, and that death occurred at 3:30 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Vizgo

23B. ADDRESS

Bon Secours Hosp.

23C. DATE SIGNED

1-26-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

BURIAL

24B. DATE

1/29/51

24C. NAME OF CEMETERY OR CREMATORY

LORRAINE PARK

24D. LOCATION (City, town, or county)

WOODLAWN, MD.

DATE RECEIVED BY  
LOCAL REGISTRAR

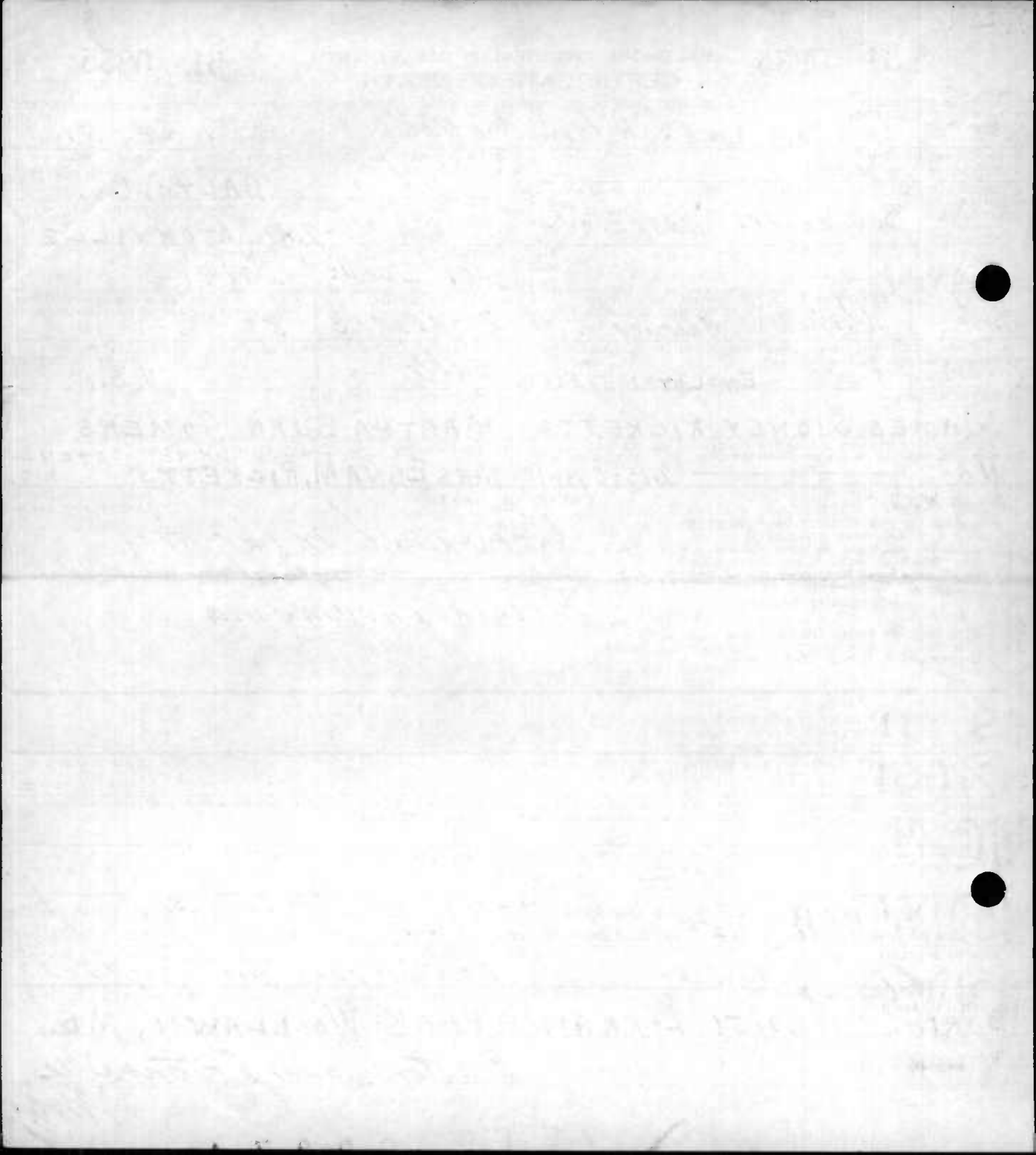
REGISTRAR'S SIGNATURE

William H. Williams

25. FUNERAL DIRECTOR

ADDRESS

Easton Son Catonsville,





CERTIFICATE OF DEATH

STATE OF NEW YORK

DEPARTMENT OF HEALTH

1

1



51. 0837

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51. 0837

Registered No.

BIRTH NO. 57-06735

|   |  |  |   |  |  |
|---|--|--|---|--|--|
| 1. NAME OF DECEASED<br>(Type or Print) <i>Baby Girl Hicks</i>   |  |  | 2. DATE OF DEATH <i>11/21/51</i>  |  |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland ✓   |  |  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <i>Maryland</i><br>B. COUNTY <i>23-01</i> |  |  |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)<br><i>South Baltimore General Hospital</i> |  |  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><i>Baltimore</i>  |  |  |
| D. STREET ADDRESS (If rural, give location)<br><i>212 W. Hamburg Street</i>   |  |  | E. DATE OF BIRTH <i>11/21/51</i>  |  |  |
| F. AGE (In years last birthday) <i>15</i>   |  |  | G. Under 1 Year Months: Days  |  |  |
| H. Under 24 Hours Hours: Min. <i>15</i>   |  |  | I. BIRTHPLACE (State or foreign country) <i>Baltimore, Maryland</i>   |  |  |
| J. CITIZEN OF WHAT COUNTRY? <i>15</i>   |  |  | K. FATHER'S NAME <i>Earnest Green</i>   |  |  |
| L. MOTHER'S MAIDEN NAME <i>Oree Hicks</i>   |  |  | M. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)                                     |  |  |
| N. SOCIAL SECURITY NO.  |  |  | O. INFORMANT ADDRESS  |  |  |

|  |  |                                      |  |                                  |  |
|--|--|--------------------------------------|--|----------------------------------|--|
| 18. <i>776X</i><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) |  | CAUSE OF DEATH<br><i>Prematurity</i> |  | INTERVAL BETWEEN ONSET AND DEATH |  |
| (A) DUE TO   |  | (B) DUE TO                           |  | (C) DUE TO                       |  |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.   |  |                                      |  |                                  |  |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  |  |                                      |  |                                  |  |

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 19A. DATE OF OPERATION <i>0</i>   |  | 19B. MAJOR FINDINGS OF OPERATION  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>  |  | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)                 |  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)            |  |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY   |  | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21F. HOW DID INJURY OCCUR?  |  |
| 22. I hereby certify that I attended the deceased from <i>11/21/51</i> , 19__, to <i>11/21/51</i> , 19__, that I last saw the deceased alive on <i>11/21/51</i> , 19__, and that death occurred at <i>9:15A</i> m., from the causes and on the date stated above. |  |   |  |   |  |
| 23A. SIGNATURE <i>[Signature]</i>   |  | 23B. ADDRESS <i>1213 Light Street</i>   |  | 23C. DATE SIGNED <i>11/21/51</i>  |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)   |  | 24B. DATE   |  | 24C. NAME OF CEMETERY OR CREMATORY  |  |
| 24D. LOCATION (City, town, or county)   |  | 24E. LOCATION (State)   |  | 24F. LOCATION (State)   |  |

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 29 1951</i> |  | REGISTRAR'S SIGNATURE <i>William Williams, M.D.</i> |  | 25. FUNERAL DIRECTOR <i>Commissioner of Health</i> |  |
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34  
51 0838BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 0838  
Registered No.

BIRTH NO. 51-01013

|  |                           |  |   |
|--|---------------------------|--|---|
| 1. NAME OF DECEASED<br>(Type or Print) <b>BABY GIRL RANDALL</b>  |                           | 2. DATE OF DEATH <b>1-18-51</b>  |   |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland  |                           | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>MD</b> B. COUNTY <b>14-03</b> |   |
| B. FULL NAME OF HOSPITAL OR INSTITUTION <b>University Hosp</b>   |                           | C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <b>BALTIMORE</b>                                     |   |
| C. Length of stay in Baltimore   |                           | D. STREET ADDRESS (If rural, give location) <b>512 Roberts St</b>  |   |
| 5. SEX <b>F</b>  | 6. COLOR OR RACE <b>N</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Infant</b>  | 8. DATE OF BIRTH <b>1-16-51</b>         |
| 9. AGE (In years last birthday)  |                           | 10. Under 1 Year Months: Days  | 11. Under 24 Hours Hours: Min. <b>2</b> |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)              |                           | 10B. KIND OF BUSINESS OR INDUSTRY  |   |
| 13. FATHER'S NAME <b>JAMES RANDALL</b>   |                           | 14. MOTHER'S MAIDEN NAME <b>ISABELLA HUDSON</b>  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) |                           | 16. SOCIAL SECURITY NO.  |   |
| 17. INFORMANT <b>Isabella Randall</b>  |                           | ADDRESS  |   |

|  |  |                |  |                                  |  |
|--|--|----------------|--|----------------------------------|--|
| 1B. <b>776x</b> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) |  | CAUSE OF DEATH |  | INTERVAL BETWEEN ONSET AND DEATH |  |
| (A) <b>Prunaturity</b>   |  | DUE TO         |  |                                  |  |
| II ANTECEDENT CAUSES   |  | (B)            |  |                                  |  |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  |  | DUE TO         |  |                                  |  |
| (C)  |  |                |  |                                  |  |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  |  |                |  |                                  |  |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 19A. DATE OF OPERATION <b>0</b>                             |  | 19B. MAJOR FINDINGS OF OPERATION   |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>    |  |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH |  | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)               |  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) |  |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY             |  | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21F. HOW DID INJURY OCCUR?   |  |

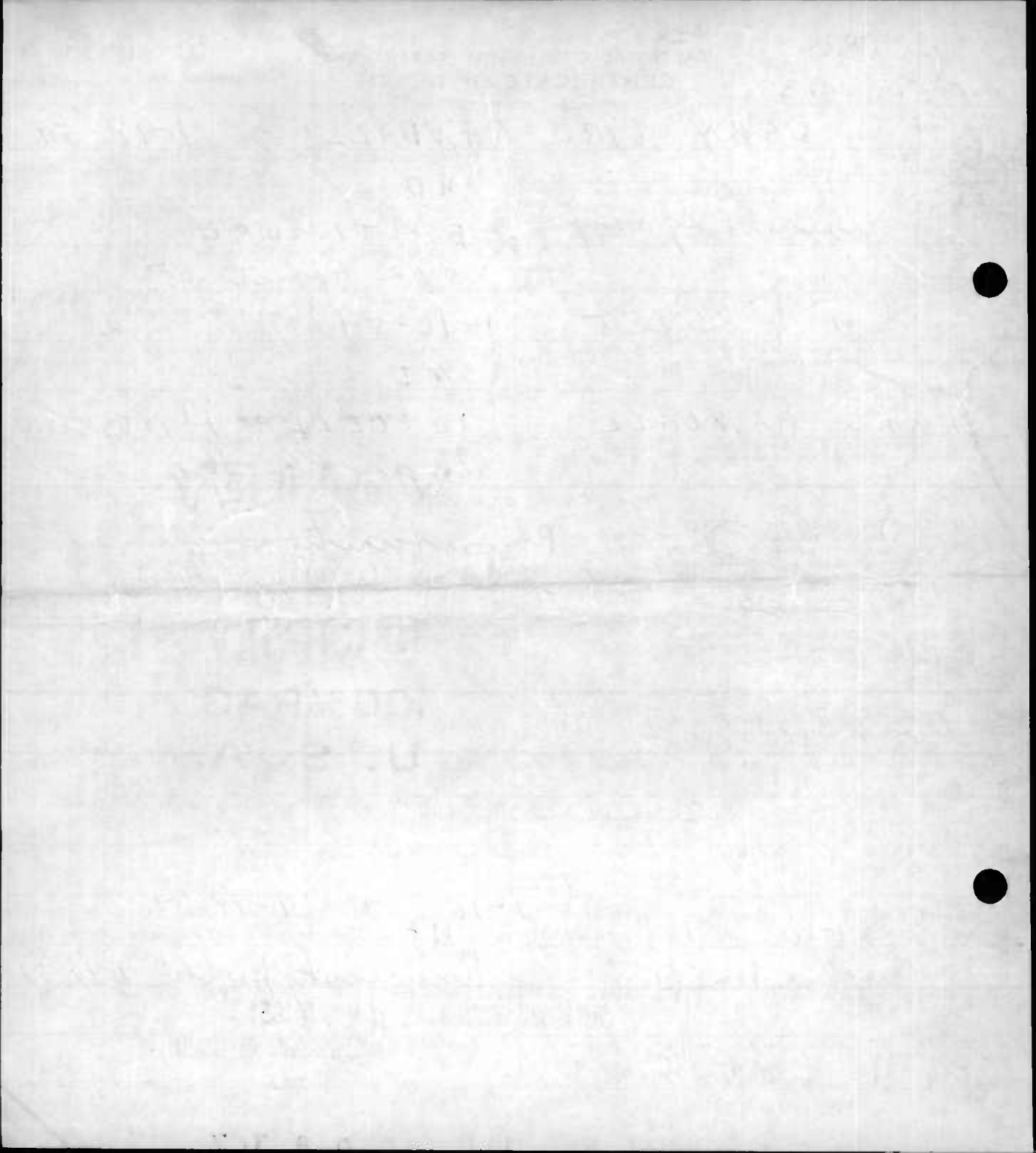
22. I hereby certify that I attended the deceased from **1-16**, 19**51**, to **1-18**, 19**51**, that I last saw the deceased alive on **1-18**, 19**51**, and that death occurred at **11 P** m., from the causes and on the date stated above.

|   |   |   |
|---|---|---|
| 23A. SIGNATURE <b>Virginia Huffer</b>     | 23B. ADDRESS <b>University Hospital</b> | 23C. DATE SIGNED <b>1-19-51</b>                                       |
| 24A. BURIAL, CREMATION, REMOVAL (Specify) | 24B. DATE                               | 24C. NAME OF CEMETERY OR CREMATORY <b>JOHN HOPKINS MEDICAL SCHOOL</b> |

|   |  |                        |
|---|--|------------------------|
| 24D. LOCATION (City, town, or county) (State)       | 25. FUNERAL DRESS                                      | 26. ADDRESS            |
| DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 29 1951</b> | REGISTRAR'S SIGNATURE <b>William H. Williams, M.D.</b> | Commissioner of Health |

JAN 29 1951

159



160  
0839

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51. 0839  
Registered No.

BIRTH NO.

|  |                               |  |   |   |   |
|--|-------------------------------|--|---|---|---|
| 1. NAME OF DECEASED<br>(Type or Print) <i>Kenneth Cooper</i>   |                               |  | 2. DATE OF DEATH <i>1-28-51</i>   |   |   |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland <i>803 Jack St.</i>  |                               |  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <i>Maryland</i> B. COUNTY |   |   |
| B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Kenneth Ira William Cooper</i>                                    |                               |  | C. CITY OR TOWN (If outside corporate limits, write full name and give township) <i>Brooklyn 25-04</i>                      |   |   |
| C. Length of stay in Baltimore <i>9 yrs</i>  |                               |  | D. STREET ADDRESS (If rural, give location) <i>803 Jack St</i>  |   |   |
| 5. SEX <i>Male</i>   | 6. COLOR OR RACE <i>White</i> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i> | 8. DATE OF BIRTH <i>2-24-1911</i>   | 9. AGE (In years last birthday) <i>39</i> | 10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min. |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Carpenter</i> |                               |  | 10B. KIND OF BUSINESS OR INDUSTRY <i>None's</i>   |   |   |
| 11. BIRTHPLACE (State or foreign country) <i>Maryland</i>  |                               |  | 12. CITIZEN OF WHAT COUNTRY?  |   |   |
| 13. FATHER'S NAME <i>Lester Irwin Cooper</i>   |                               |  | 14. MOTHER'S MAIDEN NAME <i>Hella Pearl King</i>  |   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)      |                               |  | 16. SOCIAL SECURITY NO.   |   |   |
| 17. INFORMANT <i>Ronny Mossburg Cooper</i>   |                               |  | ADDRESS <i>813 Jack St</i>  |   |   |

|  |                               |                                  |
|--|-------------------------------|----------------------------------|
| 18. <i>420.1</i>   | CAUSE OF DEATH                | INTERVAL BETWEEN ONSET AND DEATH |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) | (A) <i>Coronary Occlusion</i> |                                  |
| ANTECEDENT CAUSES  | (B)                           |                                  |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  | (C)                           |                                  |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  |                               |                                  |

|  |  |   |  |   |
|--|--|---|--|---|
| 19A. DATE OF OPERATION   |  | 19B. MAJOR FINDINGS OF OPERATION  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.   | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)               | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)  |  |   |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  | 21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK | 21F. HOW DID INJURY OCCUR?  |  |   |
| 22. I certify that I took charge of the remains described above, held an <i>Inspection</i> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> . |  |   |  |   |
| 23A. SIGNATURE <i>William V. ...</i>   |  | 23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. | 23C. DATE SIGNED <i>1-28-51</i>                                    |   |
| 24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>  | 24B. DATE <i>1-31-51</i>   | 24C. NAME OF CEMETERY OR CREMATORY <i>Reford</i>  | 24D. LOCATION (City, town, or county) (State) <i>Knorrville Md</i> |   |

|                                  |   |                                      |                        |
|----------------------------------|---|--------------------------------------|------------------------|
| DATE RECEIVED BY LOCAL REGISTRAR | REGISTRAR'S SIGNATURE <i>William V. ...</i> | 25. FUNERAL DIRECTOR <i>C.H. ...</i> | ADDRESS <i>Ben ...</i> |
|----------------------------------|---|--------------------------------------|------------------------|

CERTIFICATE OF EVIDENCE

STATE OF OHIO

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600  
51 0840BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 0840  
Registered No.

|  |                               |   |   |
|--|-------------------------------|---|---|
| 1. NAME OF DECEASED<br>(Type or Print) <b>Russell Perry (PERRY)</b>  |                               | 2. DATE OF DEATH <b>January 26, 1951</b>  |   |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland <b>Med Isl 6</b>   |                               | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>md.</b> B. COUNTY <b>BALTO</b> |   |
| B. FULL NAME OF HOSPITAL OR INSTITUTION <b>JONES HOPKINS HOSPITAL</b>  |                               | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Sparrans Point</b>                                  |   |
| C. Length of stay in Baltimore   |                               | D. STREET ADDRESS (If rural, give location) <b>18 William St. 5300</b>  |   |
| 5. SEX <b>Male</b>   | 6. COLOR OR RACE <b>White</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>  | 8. DATE OF BIRTH <b>18-29-1900</b>      |
| 9. AGE (In years last birthday) <b>50</b>  | 10. UNDER 1 Year Months: Days | 11. BIRTHPLACE (State or foreign country) <b>UPSHUR CO. W. VA.</b>  | 12. CITIZEN OF WHAT COUNTRY? <b>USA</b> |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>PIPE FITTER</b>   |                               | 10B. KIND OF BUSINESS OR INDUSTRY <b>RAILWAY CONST.</b>   |   |
| 13. FATHER'S NAME <b>Henry Perry</b>   |                               | 14. MOTHER'S MAIDEN NAME <b>Stella Davis</b>  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, oo or no) <b>No</b>  |                               | 16. SOCIAL SECURITY NO. <b>213-07-1759</b>  |   |
| 17. INFORMANT <b>JONES HOPKINS HOSPITAL</b>  |                               | ADDRESS   |   |
| 18. <b>331X</b> CAUSE OF DEATH<br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Cerebral vascular accident</b><br>DUE TO<br>ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. |                               |   |   |
| 19A. DATE OF OPERATION   |                               | 19B. MAJOR FINDINGS OF OPERATION  |   |
| 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>   |                               |   |   |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  |                               | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |   |
| 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)   |                               | 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY   |   |
| 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |                               | 21F. HOW DID INJURY OCCUR?  |   |
| 22. I hereby certify that I attended the deceased from <b>1-26</b> , 19 <b>51</b> , to <b>1-26</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>1-26</b> , 19 <b>51</b> , and that death occurred at <b>8:50 P.M.</b> , from the causes and on the date stated above.   |                               |   |   |
| 23A. SIGNATURE <b>Emilia A. Bawender</b> M.D.  |                               | 23B. ADDRESS <b>JONES HOPKINS HOSPITAL</b>  |   |
| 23C. DATE SIGNED <b>1/27/51</b>  |                               |   |   |
| 24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>  |                               | 24B. DATE <b>1/29/51</b>  |   |
| 24C. NAME OF CEMETERY OR CREMATORY <b>oak lawn</b>   |                               | 24D. LOCATION (City, town, or county) (State) <b>BALTO. Md.</b>   |   |
| DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 29 1951</b>  |                               | REGISTRAR'S SIGNATURE <b>Walter Burke Bradley</b>   |   |
| 25. FUNERAL DIRECTOR <b>Walter Burke Bradley</b>   |                               | ADDRESS <b>400</b>  |   |

574 24 10000 83a



256

51 0841

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0841

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

JOHN A. WAGNER

2. DATE  
OF  
DEATH

January 25, 1951.

3. PLACE OF DEATH:

A. Baltimore City, Maryland 307 S. Chester St.

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

307 S. Chester St.

C. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Nov. 4, 1887

9. AGE (In years  
last birthday)

63

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR  
INDUSTRY

Kimball-Tyler Co.

13. FATHER'S NAME

John A. Wagner

WOOD BARRETT (M)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL  
SECURITY NO.  
213-05-4469

17. INFORMANT

ADDRESS

Mrs. Mary L. Wagner: 307 S. Chester St.

18. 151X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Carcinoma of the stomach with  
DUE TO abdominal metastases

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) .....  
DUE TO .....  
(C) .....II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Circulosis of the liver

INTERVAL BETWEEN  
ONSET AND DEATH

2

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK22. I hereby certify that I attended the deceased from November 10, 1950, to Jan 25, 1951, that I last saw the  
deceased alive on Jan 23, 1951, and that death occurred at 11:15 A.M. on the causes and on the date stated above.

23A. SIGNATURE

A. Skelton

M. D.

23B. ADDRESS

7122 Stanford Rd

23C. DATE SIGNED

Jan 26, 51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Jan. 29 1951

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn Cemetery

24D. LOCATION (City, town, or county)

(State)

7225 Eastern Ave. Balto. Co. Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 29 1951

A. Skelton

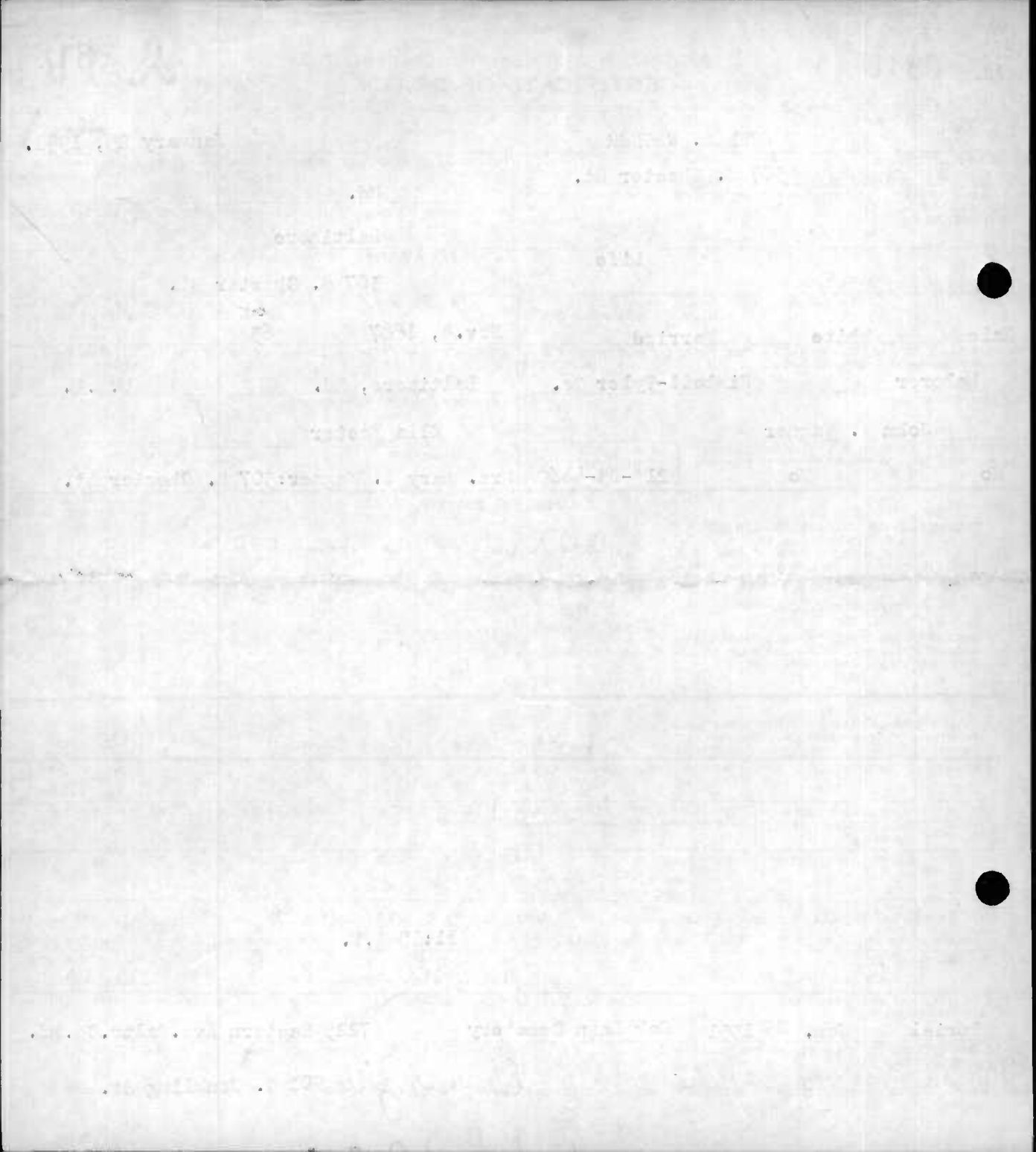
Charles S. Seiler

901 S. Conkling St.

VS-150

46 B





435  
1 0842

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

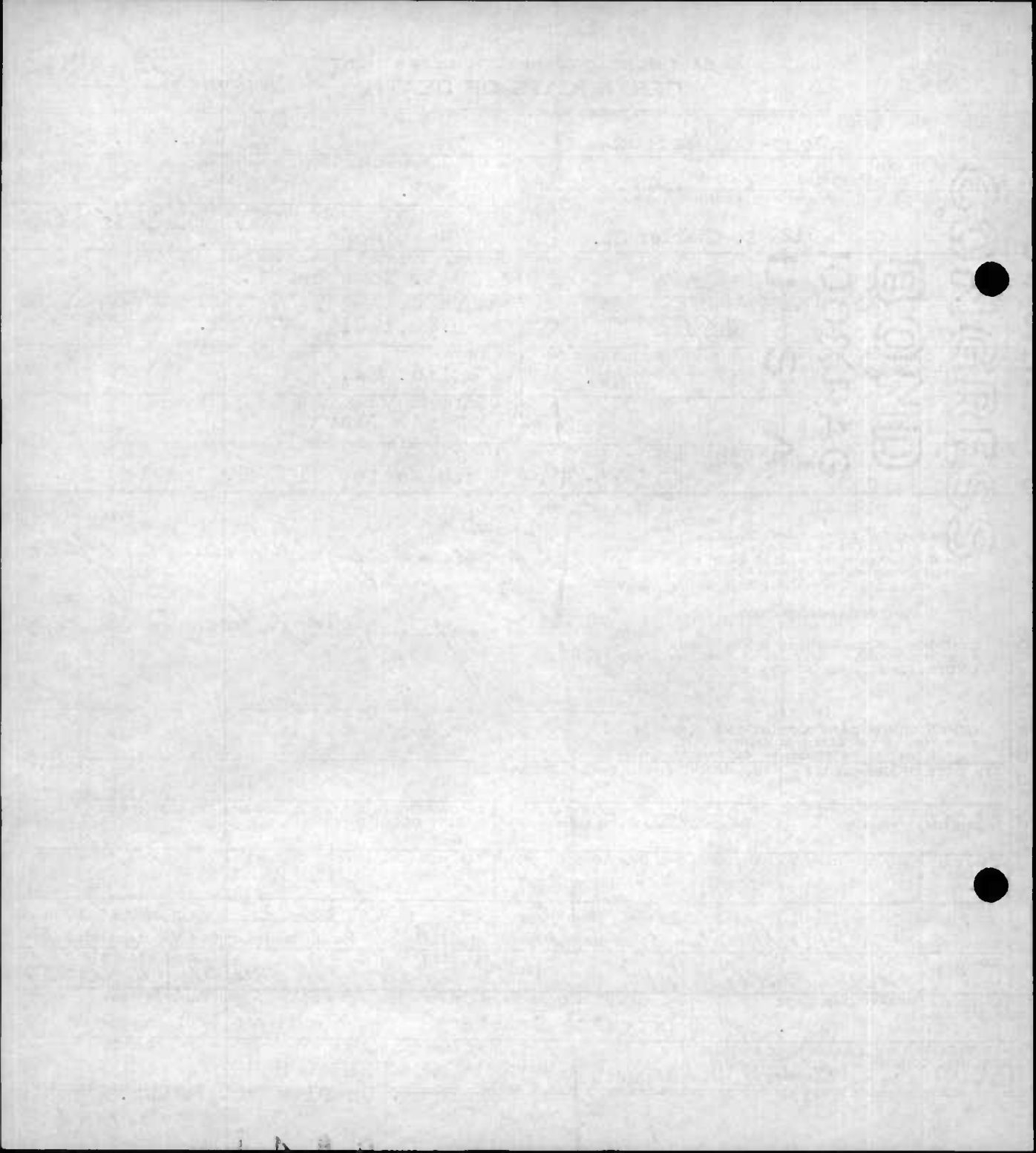
51 0842  
Registered No.

|   |                                  |   |  |  |   |
|---|----------------------------------|---|--|--|---|
| 1. NAME OF DECEASED<br>(Type or Print) <b>John Leo Walton</b>   |                                  |   | 2. DATE OF DEATH<br><b>Jan. 25, 1951</b>   |  |   |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland <b>Baltimore</b>  |                                  |   | 4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)<br>A. STATE <b>Md.</b> B. COUNTY |  |   |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR INSTITUTION<br><b>1129 S. Charles St.</b> |                                  |   | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore</b> <b>23-00</b>          |  |   |
| C. Length of stay in Baltimore <b>Life</b>  |                                  |   | D. STREET ADDRESS (If rural, give location)<br><b>1129 S. Charles St.</b>  |  |   |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>white</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>married</b> | 8. DATE OF BIRTH<br><b>Sept. 9, 1901</b>   |  | 9. AGE (In years last birthday)<br><b>49 yrs.</b> |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>riveter</b>                                 |                                  | 10B. KIND OF BUSINESS OR INDUSTRY<br><b>Booze Bros.</b>           | 11. BIRTHPLACE (State or foreign country)<br><b>Balto. Md.</b>   |  | 12. CITIZEN OF WHAT COUNTRY?                      |
| 13. FATHER'S NAME<br><b>Edward Walton</b>   |                                  |   | 14. MOTHER'S MAIDEN NAME<br><b>Mamie Clark</b>   |  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)<br><b>no none</b>                    |                                  | 16. SOCIAL SECURITY NO.<br><b>215-16-6049</b>                     | 17. INFORMANT ADDRESS<br><b>Ruth Walton 1129 S. Charles St.</b>  |  |   |

|  |                                   |               |                                  |
|--|-----------------------------------|---------------|----------------------------------|
| 18. <b>002X</b>  | CAUSE OF DEATH                    |               | INTERVAL BETWEEN ONSET AND DEATH |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) | (A) <b>Pulmonary Tuberculosis</b> | <b>1 year</b> |                                  |
| ANTECEDENT CAUSES  | (B) <b>Laryngeal Tuberculosis</b> | <b>3 mos</b>  |                                  |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  | (C)                               |               |                                  |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  |                                   |               |                                  |

|   |   |  |  |  |  |
|---|---|--|--|--|--|
| 19A. DATE OF OPERATION <b>0</b>   |   | 19B. MAJOR FINDINGS OF OPERATION   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>                           |  |
| 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)  | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) |  |  |  |
| 21D. TIME (Month) (Day) (Year) (Hour)<br>INJURY   | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21F. HOW DID INJURY OCCUR?   |  |  |  |
| 22. I hereby certify that I attended the deceased from <b>Jan 1950</b> to <b>Jan 25, 1951</b> , that I last saw the deceased alive on <b>Jan 24, 1951</b> , and that death occurred at <b>FA m.</b> , from the causes and on the date stated above. |   |  |  |  |  |
| 23A. SIGNATURE<br><b>Charles Miller MD</b>  |   | 23B. ADDRESS<br><b>1228 S Charles St</b>                                 |  | 23C. DATE SIGNED<br><b>1/27/51</b>   |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  | 24B. DATE<br><b>Jan. 29/51</b>  | 24C. NAME OF CEMETERY OR CREMATORY<br><b>Lorraine Cemetery</b>           | 24D. LOCATION (City, town, or county) (State)<br><b>Woodlawn Md.</b> |  |  |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>JAN 29 1951</b>  |   | REGISTRAR'S SIGNATURE<br><b>William Williams, MD</b>                     |  | 25. FUNERAL DIRECTOR ADDRESS<br><b>KRAUSE FUNERAL HOME</b><br><b>1216 S. Charles St. Balto. 30</b> |  |

58534  
1312



20

51 0843

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 0843  
Registered No.

BIRTH NO.

|  |                             |  |  |   |                               |
|--|-----------------------------|--|--|---|-------------------------------|
| 1. NAME OF DECEASED<br>(Type or Print) Charles HARRIS  |                             |  | 2. DATE OF DEATH January 15, 1951  |   |                               |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland  |                             |  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE Maryland B. COUNTY |   |                               |
| B. FULL NAME OF HOSPITAL OR INSTITUTION<br>University Hospital   |                             |  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br>Baltimore 4-02                       |   |                               |
| C. Length of stay in Baltimore<br>Yrs. Mos. Days   |                             |  | D. STREET ADDRESS (If rural, give location)<br>705 Vine St.  |   |                               |
| 5. SEX<br>Male   | 6. COLOR OR RACE<br>Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br>U | 8. DATE OF BIRTH<br>U  | 9. AGE (in years last birthday)<br>50-7 | 10. Under 1 Year Months: Days |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)              |                             | 10B. KIND OF BUSINESS OR INDUSTRY<br>K               | 11. BIRTHPLACE (State or foreign country)<br>K   |   | 12. CITIZEN OF WHAT COUNTRY?  |
| 13. FATHER'S NAME<br>N O   |                             |  | 14. MOTHER'S MAIDEN NAME<br>O  |   |                               |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) |                             |  | 16. SOCIAL SECURITY NO.<br>N   |   |                               |
| 17. INFORMANT<br>N   |                             |  | ADDRESS  |   |                               |

MEDICAL CERTIFICATION

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| 18. 422.1<br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)<br>DUE TO (A) Anteriosclerotic Cardiovascular Disease<br>ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br>DUE TO (B)<br>(C)<br>II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. |  |   | CAUSE OF DEATH<br>INTERVAL BETWEEN ONSET AND DEATH |   |  |
| 19A. DATE OF OPERATION   |  | 19B. MAJOR FINDINGS OF OPERATION  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.   |  | 21B. PLACE OF INJURY (e. g., In or about home, farm, factory, street, office bldg., etc.)                 |  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)            |  |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  |  | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21F. HOW DID INJURY OCCUR?  |  |
| 22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .   |  |   |  |   |  |
| 23A. SIGNATURE<br>Stanley K. Demascher M.D.  |  | 23B. CHIEF MEDICAL EXAMINER<br>ASSISTANT MEDICAL EXAMINER<br>MEDICAL INVESTIGATOR                         |  | 23C. DATE SIGNED<br>January 15, 1951  |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)  |  | 24B. DATE   |  | 24C. NAME OF CEMETERY OR CREMATORY<br>JOHN HOPKINS MEDICAL SCHOOL                   |  |
| DATE RECEIVED BY LOCAL REGISTRAR<br>JAN 29 1951  |  | REGISTRAR'S SIGNATURE<br>Huntington Williams, Jr.   |  | 25. FUNERAL DIRECTOR<br>Commissioner of Health                                      |  |
|  |  |   |  | ADDRESS   |  |

VS 151

937

## CERTIFICATE OF DEATH

## CAUSE OF DEATH

1. NAME OF DECEASED

2. SEX

3. AGE

4. DATE OF BIRTH

5. PLACE OF BIRTH

6. OCCUPATION

7. MARITAL STATUS

8. PRESENT RESIDENCE

9. DATE OF DEATH

10. PLACE OF DEATH

11. TIME OF DEATH

12. SIGNATURE OF DECEASED

13. SIGNATURE OF WITNESS

14. SIGNATURE OF PHYSICIAN

15. SIGNATURE OF CLERK

16. SIGNATURE OF JUDGE

17. SIGNATURE OF SHERIFF

18. SIGNATURE OF CORONER

19. SIGNATURE OF JURY

20. SIGNATURE OF COURT

21. SIGNATURE OF JUDGE

22. SIGNATURE OF SHERIFF

23. SIGNATURE OF CORONER

24. SIGNATURE OF JURY

25. SIGNATURE OF COURT

26. SIGNATURE OF JUDGE

27. SIGNATURE OF SHERIFF

28. SIGNATURE OF CORONER

29. SIGNATURE OF JURY

30. SIGNATURE OF COURT

31. SIGNATURE OF JUDGE

32. SIGNATURE OF SHERIFF

33. SIGNATURE OF CORONER

34. SIGNATURE OF JURY

35. SIGNATURE OF COURT

36. SIGNATURE OF JUDGE

37. SIGNATURE OF SHERIFF

38. SIGNATURE OF CORONER

39. SIGNATURE OF JURY

40. SIGNATURE OF COURT

41. SIGNATURE OF JUDGE

42. SIGNATURE OF SHERIFF

43. SIGNATURE OF CORONER

44. SIGNATURE OF JURY

45. SIGNATURE OF COURT

46. SIGNATURE OF JUDGE

47. SIGNATURE OF SHERIFF

48. SIGNATURE OF CORONER

49. SIGNATURE OF JURY

50. SIGNATURE OF COURT

30 51 0844

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH31 0844  
Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

|   |                                    |   |  |  |   |
|---|------------------------------------|---|--|--|---|
| 1. NAME OF DECEASED<br>(Type or Print) <b>Benjamin Ward</b>   |                                    |   | 2. DATE OF DEATH <b>1-13-51</b>  |  |   |
| 3. PLACE OF DEATH<br>A. Baltimore City, Maryland  |                                    |   | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>Maryland</b><br>B. COUNTY <b>3-01</b> |  |   |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)<br><b>120 S. Caroline Street</b> |                                    |   | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore</b>   |  |   |
| C. Length of stay in Baltimore<br>Yrs. _____<br>Mos. _____<br>Days _____  |                                    |   | D. STREET ADDRESS (If rural, give location)<br><b>120 S. Caroline Street</b>   |  |   |
| 5. SEX<br><b>male</b>   | 6. COLOR OR RACE<br><b>colored</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>U</b> | 8. DATE OF BIRTH<br><b>U</b>   | 9. AGE (In years last birthday)<br><b>40</b> | 10. Under 1 Year<br>Months: _____ Days: _____ |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)                           |                                    |   | 11. BIRTHPLACE (State or foreign country)<br><b>K</b>  |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>K</b>      |
| 13. FATHER'S NAME<br><b>N</b>   |                                    |   | 14. MOTHER'S MAIDEN NAME<br><b>O</b>   |  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)<br><b>N</b>                       |                                    |   | 16. SOCIAL SECURITY NO.<br><b>N</b>  |  |   |
| 17. INFORMANT<br><b>N</b>   |                                    |   | ADDRESS  |  |   |

18. **E981X**

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

**Gunshot wound of**

DUE TO

## ANTECEDENT CAUSES

(B)

**Head**

DUE TO

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 19A. DATE OF OPERATION  |  | 19B. MAJOR FINDINGS OF OPERATION  |  | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>                       |  |
| 21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.   |  | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)<br><b>home</b>          |  | 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?<br><b>120 S. Caroline Street</b> |  |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY<br><b>January 13, 1951 ? m.</b>   |  | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> |  | 21F. HOW DID INJURY OCCUR?<br><b>Firearms (shotgun)</b>   |  |
| 22. I certify that I took charge of the remains described above, held an <b>Autopsy</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input checked="" type="checkbox"/> , undetermined <input type="checkbox"/> . |  |   |  |   |  |
| 23A. SIGNATURE<br><b>William V. Roberts</b>   |  | 23B. CHIEF MEDICAL EXAMINER.....<br>M.D. MEDICAL INVESTIGATOR.....  |  | 23C. DATE SIGNED<br><b>1-14-51</b>  |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)   |  | 24B. DATE   |  | 24C. NAME OF CEMETERY OR CREMATORY  |  |
| 24D. LOCATION (City, town, or county) (State)   |  | 24E. FUNERAL DIRECTOR<br><b>Commissioner of Health</b>  |  | ADDRESS   |  |

JOHN HOPKINS MEDICAL SCHOOL JAN 22 1951

|   |  |   |         |
|---|--|---|---------|
| DATE RECEIVED BY LOCAL REGISTRY<br><b>JAN 29 1951</b> | REGISTRAR'S SIGNATURE<br><b>William V. Roberts</b> | 25. FUNERAL DIRECTOR<br><b>Commissioner of Health</b> | ADDRESS |
|---|--|---|---------|





260  
51 0845LYS HER  
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 0845  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Richard Lysher

2. DATE  
OF  
DEATH

1-18-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

University Hospital

Yrs.  
Mos.  
Days

C. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

Md

Balt

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balt

18-03

D. STREET ADDRESS (If rural, give location)

1007 Rutland Ave 915 Hollins St

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE MARRIED.  
WIDOWED DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years  
last birthday)If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.

68

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Wholesale Blind-ret

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

William Lysher

14. MOTHER'S MAIDEN NAME

Emma Jungling

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

Self. (Hospital records)

18. 199.8

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Multiple masses probably  
metastatic carcinoma

DUE TO

INTERVAL BETWEEN  
ONSET AND DEATH

8-10 days

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

unknown

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-3 1951, to 1-18 1951, that I last saw the  
deceased alive on 1-18 1951, and that death occurred at 7:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JOHN HOPKINS MEDICAL SCHOOL JAN 22 1951

Commissioner of Health

11-1

200  
0846

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0846  
Registered No.

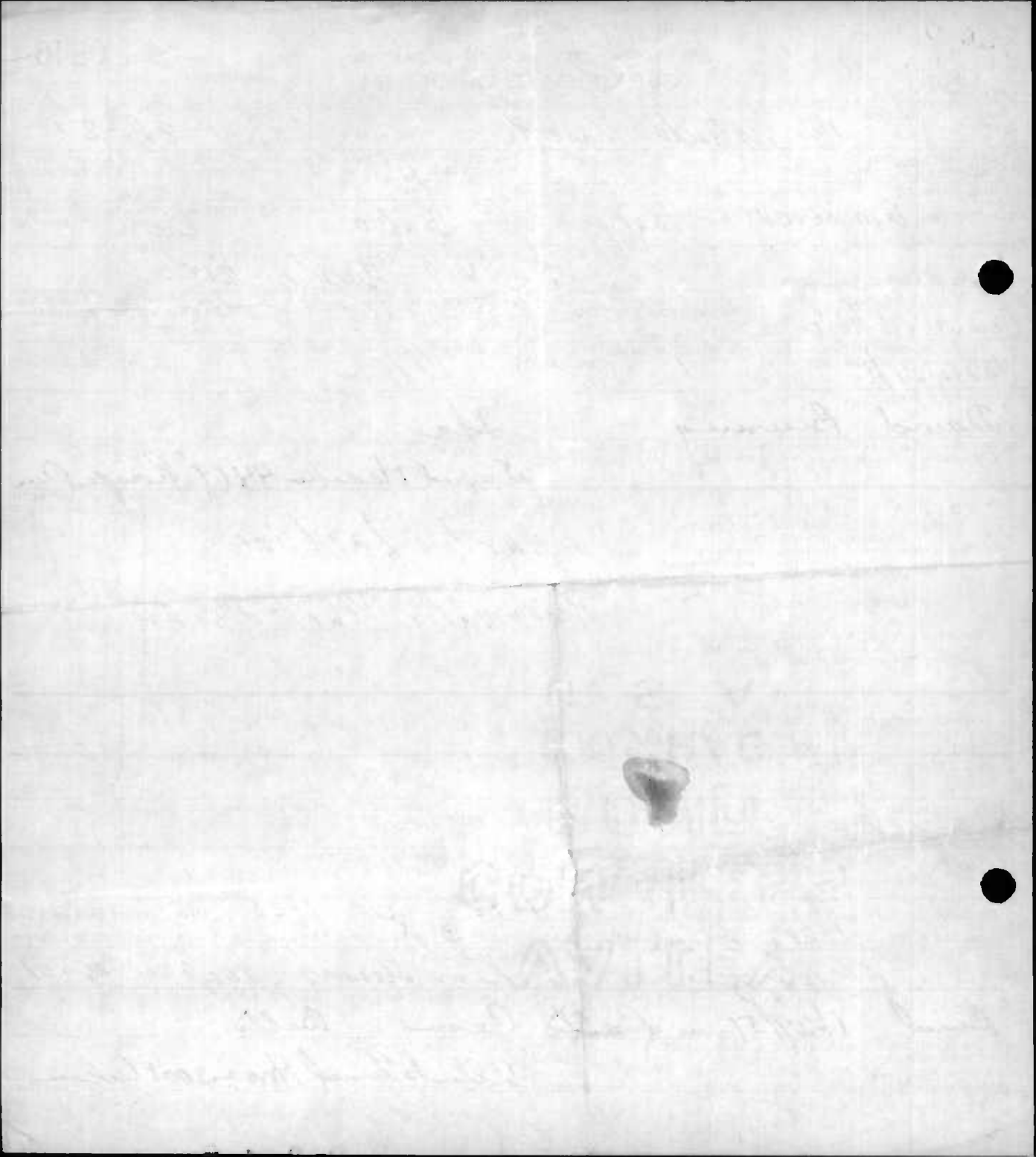
|  |                                  |  |                                     |
|--|----------------------------------|--|-------------------------------------|
| 1. NAME OF DECEASED<br>(Type or Print) <i>Mrs. Gertrude Haacke</i>   |                                  | 2. DATE OF DEATH <i>1-26-51</i>  |                                     |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland  |                                  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <i>Md.</i> B. COUNTY |                                     |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)<br><i>Bon Secours Hosp.</i> |                                  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><i>Balto. - 26-08</i>                  |                                     |
| C. Length of stay in Baltimore<br>Yrs. Mos. Days   |                                  | D. STREET ADDRESS (If rural, give location)<br><i>4419 Raspe Ave.</i>  |                                     |
| 5. SEX<br><i>Female</i>  | 6. COLOR OR RACE<br><i>White</i> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  | 8. DATE OF BIRTH<br><i>12-10-99</i> |
| 9. AGE (In years last birthday)<br><i>51</i>   |                                  | 10. UNDER 1 Year Months Days   | 11. UNDER 24 Hours Hours Min.       |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><i>Housewife</i>  |                                  | 10B. KIND OF BUSINESS OR INDUSTRY  |                                     |
| 11. BIRTHPLACE (State or foreign country)<br><i>Ill.</i>   |                                  | 12. CITIZEN OF WHAT COUNTRY?   |                                     |
| 13. FATHER'S NAME<br><i>David Brunning</i>   |                                  | 14. MOTHER'S MAIDEN NAME<br><i>Ida</i> ✓   |                                     |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)         |                                  | 16. SOCIAL SECURITY NO.  |                                     |
| 17. INFORMANT<br><i>David Haacke</i>   |                                  | ADDRESS<br><i>4419 Raspe Ave</i>   |                                     |

|  |  |                                  |
|--|--|----------------------------------|
| 18. <i>416X</i><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><i>Heart failure</i><br>DUE TO<br><i>Rheumatic Heart disease</i><br>DUE TO<br><i></i><br>(C) <i></i> | CAUSE OF DEATH<br><i>Heart failure</i><br><i>Rheumatic Heart disease</i> | INTERVAL BETWEEN ONSET AND DEATH |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  |  |                                  |

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| 19A. DATE OF OPERATION <i>0</i>   |  | 19B. MAJOR FINDINGS OF OPERATION  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |  |
| 21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH   |  | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)                 |  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) |  |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY   |  | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21F. HOW DID INJURY OCCUR?   |  |
| 22. I hereby certify that I attended the deceased from <i>1-15</i> , 19 <i>51</i> , to <i>1-26</i> , 19 <i>51</i> ; that I last saw the deceased alive on <i>1-26</i> , 19 <i>51</i> , and that death occurred at <i>3 p.m.</i> , from the causes and on the date stated above. |  |   |  |  |  |
| 23A. SIGNATURE<br><i>Riggs</i>  |  | 23B. ADDRESS<br><i>Bon Secours Hosp.</i>  |  | 23C. DATE SIGNED<br><i>1-26-51</i>                                       |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)   |  | 24B. DATE<br><i>1/29/51</i>   |  | 24C. NAME OF CEMETERY OR CREMATORY<br><i>Balto Cem</i>                   |  |
| 24D. LOCATION (City, town, or county)<br><i>Balto</i>   |  | 24E. FUNERAL DIRECTOR<br><i>Ullrich Funeral Home</i>  |  | 24F. ADDRESS<br><i>2008 Calver</i>                                       |  |
| DATE RECEIVED BY LOCAL REGISTRAR<br><i>JAN 29 1951</i>  |  | REGISTRAR'S SIGNATURE<br><i>Wilmington Williams, Jr.</i>  |  | VS 150   |  |

1951000000

9513



652  
0847  
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 0847

|  |                                  |   |  |
|--|----------------------------------|---|--|
| 1. NAME OF DECEASED<br>(Type or Print)<br><b>Mr. Revel Thomas Mouring</b>  |                                  | 2. DATE OF DEATH<br><b>Jan. 26, 1951</b>  |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland  |                                  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>Maryland</b><br>B. COUNTY <b>Baltimore</b> |  |
| B. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>St. Joseph's Hospital</b>  |                                  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore</b>  |  |
| C. Length of stay in Baltimore <b>30yr.</b>  |                                  | D. STREET ADDRESS (If rural, give location)<br><b>6812 Holabird Avenue</b>  |  |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b>   | 8. DATE OF BIRTH<br><b>Mar. 4, 1879</b>      |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Sheet Metal Worker</b> |                                  | 10B. KIND OF BUSINESS OR INDUSTRY<br><b>Beth. Steel</b>   | 9. AGE (In years last birthday)<br><b>71</b> |
| 13. FATHER'S NAME<br><b>Thomas "Revel" Mouring</b>   |                                  | 11. BIRTHPLACE (State or foreign country)<br><b>Virginia</b>  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)<br><b>No</b>    |                                  | 12. CITIZEN OF WHAT COUNTRY?<br><b>Virginia</b>   |  |
| 16. SOCIAL SECURITY NO.<br><b>216-10-1982</b>  |                                  | 14. MOTHER'S MAIDEN NAME<br><b>Rose Davis</b>   |  |
| 17. INFORMANT<br><b>Mrs. Annie Mouring</b>   |                                  | ADDRESS<br><b>6812 Holabird Ave.</b>  |  |

|   |   |   |
|---|---|---|
| 18. <b>420.1</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Anterior coronary artery occlusion with myocardial infarction.</b> |   | INTERVAL BETWEEN ONSET AND DEATH  |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><b>Arteriosclerotic cardio-vascular disease.</b>  |   |   |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   |   |   |
| 19A. DATE OF OPERATION<br><b>0</b>  | 19B. MAJOR FINDINGS OF OPERATION  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)  | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)            |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY   | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21F. HOW DID INJURY OCCUR?  |
| 22. I hereby certify that I attended the deceased from <b>1/22/</b> 19 <b>51</b> to <b>1/26/</b> 19 <b>51</b> , that I last saw the deceased alive on <b>1/26/51</b> , 19 <b>51</b> , and that death occurred at <b>8:35AM.</b> , from the causes and on the date stated above.             |   |   |
| 23A. SIGNATURE<br><b>Maddens Sawinski</b><br>M. D.  | 23B. ADDRESS<br><b>1400 N. Caroline Street</b>  | 23C. DATE SIGNED<br><b>1/26/51</b>  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  | 24B. DATE<br><b>Jan 29, 1951</b>  | 24C. NAME OF CEMETERY OR CREMATORY<br><b>Oak Lawn</b>                               |
| 24D. LOCATION (City, town, or county) (State)<br><b>Colgate, Md.</b>  | 25. FUNERAL DIRECTOR<br><b>Ullrich Funeral Home 2112 Dundalk Ave.</b>                                     |   |

59/ 3A

937

CERTIFICATE OF DEATH

|                                  |  |                          |  |                                 |  |
|----------------------------------|--|--------------------------|--|---------------------------------|--|
| 1. Name of Deceased              |  | 2. Sex                   |  | 3. Age                          |  |
| 4. Date of Death                 |  | 5. Time of Death         |  | 6. Place of Death               |  |
| 7. Cause of Death                |  | 8. Manner of Death       |  | 9. Signature of Registrar       |  |
| 10. Signature of Medical Officer |  | 11. Signature of Coroner |  | 12. Signature of Police Officer |  |
| 13. Signature of Family Member   |  | 14. Signature of Priest  |  | 15. Signature of Minister       |  |
| 16. Signature of Other           |  | 17. Signature of Other   |  | 18. Signature of Other          |  |
| 19. Signature of Other           |  | 20. Signature of Other   |  | 21. Signature of Other          |  |
| 22. Signature of Other           |  | 23. Signature of Other   |  | 24. Signature of Other          |  |
| 25. Signature of Other           |  | 26. Signature of Other   |  | 27. Signature of Other          |  |
| 28. Signature of Other           |  | 29. Signature of Other   |  | 30. Signature of Other          |  |
| 31. Signature of Other           |  | 32. Signature of Other   |  | 33. Signature of Other          |  |
| 34. Signature of Other           |  | 35. Signature of Other   |  | 36. Signature of Other          |  |
| 37. Signature of Other           |  | 38. Signature of Other   |  | 39. Signature of Other          |  |
| 40. Signature of Other           |  | 41. Signature of Other   |  | 42. Signature of Other          |  |
| 43. Signature of Other           |  | 44. Signature of Other   |  | 45. Signature of Other          |  |
| 46. Signature of Other           |  | 47. Signature of Other   |  | 48. Signature of Other          |  |
| 49. Signature of Other           |  | 50. Signature of Other   |  | 51. Signature of Other          |  |
| 52. Signature of Other           |  | 53. Signature of Other   |  | 54. Signature of Other          |  |
| 55. Signature of Other           |  | 56. Signature of Other   |  | 57. Signature of Other          |  |
| 58. Signature of Other           |  | 59. Signature of Other   |  | 60. Signature of Other          |  |
| 61. Signature of Other           |  | 62. Signature of Other   |  | 63. Signature of Other          |  |
| 64. Signature of Other           |  | 65. Signature of Other   |  | 66. Signature of Other          |  |
| 67. Signature of Other           |  | 68. Signature of Other   |  | 69. Signature of Other          |  |
| 70. Signature of Other           |  | 71. Signature of Other   |  | 72. Signature of Other          |  |
| 73. Signature of Other           |  | 74. Signature of Other   |  | 75. Signature of Other          |  |
| 76. Signature of Other           |  | 77. Signature of Other   |  | 78. Signature of Other          |  |
| 79. Signature of Other           |  | 80. Signature of Other   |  | 81. Signature of Other          |  |
| 82. Signature of Other           |  | 83. Signature of Other   |  | 84. Signature of Other          |  |
| 85. Signature of Other           |  | 86. Signature of Other   |  | 87. Signature of Other          |  |
| 88. Signature of Other           |  | 89. Signature of Other   |  | 90. Signature of Other          |  |
| 91. Signature of Other           |  | 92. Signature of Other   |  | 93. Signature of Other          |  |
| 94. Signature of Other           |  | 95. Signature of Other   |  | 96. Signature of Other          |  |
| 97. Signature of Other           |  | 98. Signature of Other   |  | 99. Signature of Other          |  |
| 100. Signature of Other          |  | 101. Signature of Other  |  | 102. Signature of Other         |  |







110

THE UNIVERSITY OF CHICAGO

DEPARTMENT OF CHEMISTRY

TO THE HONORABLE CHAIRMAN OF THE BOARD OF TRUSTEES  
OF THE UNIVERSITY OF CHICAGO  
FROM THE DEPARTMENT OF CHEMISTRY  
SUBJECT: A REPORT ON THE PROGRESS OF THE RESEARCH  
DURING THE YEAR 1954  
The following is a summary of the work done in the Department of Chemistry during the year 1954. The work was carried out under the direction of the Chairman of the Department, Professor [Name], and the assistance of the following faculty members: [List of names]. The work was supported by the following grants: [List of grants]. The results of the work are presented in the following sections: [List of sections].

620  
0849BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 0849

|   |                                  |   |                                       |  |   |
|---|----------------------------------|---|---------------------------------------|--|---|
| BIRTH NO.   |                                  | 1. NAME OF DECEASED<br>(Type or Print) <i>Louise Dugan George</i>   |                                       | 2. DATE OF DEATH<br><i>Jan-28-51</i>   |   |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland <i>153 W Lafayette</i>  |                                  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <i>md</i> B. COUNTY <i>Baltimore</i>  |                                       |  |   |
| B. FULL NAME OF HOSPITAL OR INSTITUTION<br><i>at home</i>   |                                  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><i>Baltimore</i>  |                                       |  |   |
| 5. Length of stay in Baltimore<br><i>Life</i>   |                                  | D. STREET ADDRESS (If rural, give location)<br><i>153 W Lafayette</i>   |                                       |  |   |
| 6. SEX<br><i>Female</i>   | 6. COLOR OR RACE<br><i>White</i> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><i>Widow</i>   | 8. DATE OF BIRTH<br><i>Jan/3/1871</i> | 9. AGE (In years last birthday)<br><i>80</i>                                       | 10. Under 1 Year Months: Days<br><i>- -</i> |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><i>none</i>  |                                  | 10B. KIND OF BUSINESS OR INDUSTRY<br><i>none</i>  |                                       | 11. BIRTHPLACE (State or foreign country)<br><i>Balto: Md.</i>                     |   |
| 12. CITIZEN OF WHAT COUNTRY?<br><i>U.S.</i>   |                                  | 13. FATHER'S NAME<br><i>Pierre C. Dugan</i>   |                                       | 14. MOTHER'S MAIDEN NAME<br><i>Agnes Mathias</i>                                   |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)<br><i>no</i>  |                                  | 16. SOCIAL SECURITY NO.<br><i>no</i>  |                                       | 17. INFORMANT<br><i>Mrs Ella G. Redd</i>   |   |
| 18. 420.1<br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br>ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br>II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. |                                  | CAUSE OF DEATH<br>(A) <i>Coronary Occlusion</i><br>DUE TO <i>Myocardial Infarction</i><br>(B) <i>Arterio-Sclerosis</i><br>DUE TO <i>Arterio-Sclerosis</i><br>(C) <i>Arterio-Sclerosis</i> |                                       | INTERVAL BETWEEN ONSET AND DEATH<br><i>short</i><br><i>1 year</i><br><i>long</i>   |   |
| 19A. DATE OF OPERATION<br><i>0</i>  |                                  | 19B. MAJOR FINDINGS OF OPERATION  |                                       | 20. AUTOPSY<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |   |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH<br><input type="checkbox"/>   |                                  | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)   |                                       | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)           |   |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY   |                                  | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                                       | 21F. HOW DID INJURY OCCUR?   |   |
| 22. I hereby certify that I attended the deceased from <i>Jan. 10<sup>th</sup></i> , 1951, to <i>Jan 28<sup>th</sup></i> , 1951, that I last saw the deceased alive on <i>Jan 28<sup>th</sup></i> , 1951, and that death occurred at <i>10<sup>30</sup> am.</i> , from the causes and on the date stated above.   |                                  |   |                                       |  |   |
| 23A. SIGNATURE<br><i>J. E. Chatham</i>  |                                  | 23B. ADDRESS<br>M. D. <i>15 E. Maple St.</i>  |                                       | 23C. DATE SIGNED<br><i>Jan 29/51</i>   |   |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><i>Burial</i>  |                                  | 24B. DATE<br><i>Jan-30/51</i>   |                                       | 24C. NAME OF CEMETERY OR CREMATORY<br><i>Cathedral</i>                             |   |
| 24D. LOCATION (City, town, or county)<br><i>Baltimore</i>   |                                  | 24E. LOCATION (State)<br><i>Md.</i>   |                                       | 25. FUNERAL DIRECTOR<br><i>Stewart Morris</i>                                      |   |
| DATE RECEIVED BY LOCAL REGISTRAR<br><i>JAN 29 1951</i>  |                                  | REGISTRAR'S SIGNATURE<br><i>William Williams</i>  |                                       | ADDRESS<br><i>Balto.</i>   |   |

*[Faint, illegible handwriting throughout the page, likely bleed-through from the reverse side.]*

450  
51 0850

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0850  
Registered No.

|  |                                  |   |   |  |   |
|--|----------------------------------|---|---|--|---|
| 1. NAME OF DECEASED<br>(Type or Print) <b>BENJAMIN N. KLINE</b>  |                                  |   | 2. DATE OF DEATH <b>1-28-51</b>   |  |   |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland  |                                  |   | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>Md</b> B. COUNTY |  |   |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR INSTITUTION <b>7014 Park Heights Ave</b> |                                  |   | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore</b>                      |  |   |
| c. Length of stay in Baltimore<br>Yrs. Mos. Days   |                                  |   | D. STREET ADDRESS (If rural, give location)<br><b>7014 Park Heights Ave</b>   |  |   |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b> | 8. DATE OF BIRTH  |  | 9. AGE (in years, last birthday)<br><b>52</b> |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Lawyer</b>                                 |                                  | 10B. KIND OF BUSINESS OR INDUSTRY                                 | 11. BIRTHPLACE (State or foreign country)<br><b>Balto Md</b>  |  | 12. CITIZEN OF WHAT COUNTRY?                  |
| 13. FATHER'S NAME<br><b>Israel</b>   |                                  |   | 14. MOTHER'S MAIDEN NAME<br><b>Dora</b>   |  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)                                     |                                  | 16. SOCIAL SECURITY NO.   | 17. INFORMANT<br><b>Rose Kline - Home</b>   |  |   |

|  |   |                |                                  |
|--|---|----------------|----------------------------------|
| 18. <b>420.0</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><br>ANTECEDENT CAUSES<br><br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><br>II<br><br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | CAUSE OF DEATH                                      |                | INTERVAL BETWEEN ONSET AND DEATH |
|  | (A) <b>Coronary Thrombosis</b><br>DUE TO            | <b>6 hrs.</b>  |                                  |
|  | (B) <b>Arteriosclerotic Heart Disease</b><br>DUE TO | <b>5 yrs.</b>  |                                  |
|  | (C) <b>Arteriosclerosis</b>                         | <b>8 yrs.?</b> |                                  |

|   |   |  |  |  |  |
|---|---|--|--|--|--|
| 19A. DATE OF OPERATION <b>0</b>   |   | 19B. MAJOR FINDINGS OF OPERATION   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>   |  |
| 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)  | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)                 | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) |  |  |  |
| 21D. TIME (Month) (Day) (Year) (Hour) INJURY  | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21F. HOW DID INJURY OCCUR?   |  |  |  |
| 22. I hereby certify that I attended the deceased from <b>Jan. 1, 1947</b> , to <b>Jan. 28, 1951</b> , that I last saw the deceased alive on <b>Jan 28, 1951</b> , and that death occurred at <b>10 P</b> m., from the causes and on the date stated above. |   |  |  |  |  |
| 23A. SIGNATURE<br><b>Rosa Blochen</b>   |   | 23B. ADDRESS<br>M. O. <b>5901 Park Heights Ave</b>                       |  | 23C. DATE SIGNED<br><b>1/28/51</b>   |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  | 24B. DATE<br><b>1-30-51</b>   | 24C. NAME OF CEMETERY OR CREMATORY<br><b>Baltimore Hebrew</b>            | 24D. LOCATION (City, town, or county) (State)<br><b>Balto Md</b> |  |  |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>JAN 29 1951</b>  |   | REGISTRAR'S SIGNATURE<br><b>William Williams</b>                         |  | 25. FUNERAL DIRECTOR<br><b>Jack Lewis</b> ADDRESS<br><b>2100 Centaw Pl</b> |  |

0556U

937

BARBARA K. BROWN

1000 10th St. N.W.

Washington, D.C.

1000 10th St. N.W.

Washington, D.C.

1000 10th St. N.W.

Washington, D.C.

1000 10th St. N.W.

Washington, D.C.

1000 10th St. N.W.

Washington, D.C.

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1000 10th St. N.W.

Washington, D.C.

1000 10th St. N.W.

Washington, D.C.

1000 10th St. N.W.

Washington, D.C.

000  
0851BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 0851  
Registered No.

|   |                           |   |  |                                       |   |
|---|---------------------------|---|--|---------------------------------------|---|
| BIRTH NO.   |                           |   | 2. DATE OF DEATH   |                                       |   |
| 1. NAME OF DECEASED<br>(Type or Print) JOHN S. BAY  |                           |   | January 26, 1951   |                                       |   |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland   |                           |   | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE Maryland B. COUNTY |                                       |   |
| B. FULL NAME OF HOSPITAL OR INSTITUTION<br>Union Memorial Hospital                                    |                           |   | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br>Baltimore                            |                                       |   |
| E. Length of stay in Baltimore Appro. 45yrs   |                           |   | D. STREET ADDRESS (If rural, give location)<br>3507 Harford Road   |                                       |   |
| 5. SEX<br>Male  | 6. COLOR OR RACE<br>White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br>Single | 8. DATE OF BIRTH<br>Aug. 17, 1883  | 9. AGE (In years last birthday)<br>66 | If Under 1 Year<br>Months Days<br>If Under 24 Hours<br>Hours Min. |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Barber |                           | 10B. KIND OF BUSINESS OR INDUSTRY<br>Barber               | 11. BIRTHPLACE (State or foreign country)<br>Maryland  |                                       | 12. CITIZEN OF WHAT COUNTRY?                                      |
| 13. FATHER'S NAME<br>Alfred S. Bay  |                           |   | 14. MOTHER'S MAIDEN NAME<br>Sarah Elizabeth Hildt  |                                       |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)<br>---                              |                           | 16. SOCIAL SECURITY NO.<br>-----                          | 17. INFORMANT ADDRESS<br>Miss Mildred Bay 715 Willow Ave.  |                                       |   |

|   |   |                                  |
|---|---|----------------------------------|
| 18. 443X<br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><br>ANTECEDENT CAUSES<br><br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. | CAUSE OF DEATH<br>(A) Hypertensive cardiovascular disease<br>DUE TO<br>(B)<br>DUE TO<br>(C) | INTERVAL BETWEEN ONSET AND DEATH |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   |   |                                  |

|  |  |   |
|--|--|---|
| 19A. DATE OF OPERATION   | 19B. MAJOR FINDINGS OF OPERATION   | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH. | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)                    | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)            |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  | 21E. INJURY OCCURRED<br>m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21F. HOW DID INJURY OCCUR?  |

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

|                                       |   |                                   |
|---------------------------------------|---|-----------------------------------|
| 23A. SIGNATURE<br><i>B. B. Fisher</i> | 23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/><br>ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/><br>M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/> | 23C. DATE SIGNED<br>Jan. 27, 1951 |
|---------------------------------------|---|-----------------------------------|

|   |   |   |   |
|---|---|---|---|
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial | 24B. DATE<br>1/29/51                                      | 24C. NAME OF CEMETERY OR CREMATORY<br>Parkwood Cem. | 24D. LOCATION (City, town, or county) (State)<br>Balto. Md. |
| DATE RECEIVED BY LOCAL REGISTRAR<br>JAN 29 1951     | REGISTRAR'S SIGNATURE<br><i>William H. Williams, M.D.</i> | 25. FUNERAL DIRECTOR<br><i>John A. Morley</i>       | ADDRESS<br>3000 E. Balto. St.                               |

7408E

93D ✓

UNITED STATES GOVERNMENT  
DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

1. Name of deceased: \_\_\_\_\_

2. Sex: \_\_\_\_\_

3. Age: \_\_\_\_\_

4. Date of birth: \_\_\_\_\_

5. Place of birth: \_\_\_\_\_

6. Date of death: \_\_\_\_\_

7. Time of death: \_\_\_\_\_

8. Cause of death: \_\_\_\_\_

9. Place of death: \_\_\_\_\_

10. Signature of attending physician: \_\_\_\_\_

11. Signature of medical examiner: \_\_\_\_\_

12. Signature of registrar: \_\_\_\_\_

13. Signature of informant: \_\_\_\_\_

14. Name of informant: \_\_\_\_\_

15. Address of informant: \_\_\_\_\_

16. Date of completion: \_\_\_\_\_

17. Signature of official: \_\_\_\_\_

18. Title of official: \_\_\_\_\_

19. Date of filing: \_\_\_\_\_

20. File number: \_\_\_\_\_



520  
0852

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0852  
Registered No.

|  |                            |   |  |  |   |
|--|----------------------------|---|--|--|---|
| BIRTH NO.  |                            | 1. NAME OF DECEASED<br>(Type or Print) <i>Bessie J. Panos.</i>  |  | 2. DATE OF DEATH <i>1-24-51</i>  |   |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland <i>Balto. md</i>   |                            | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <i>Balto. md.</i> B. COUNTY |  |  |   |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)<br><i>3711 Woodbine Ave.</i>  |                            | C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <i>28-48</i>                                    |  |  |   |
| C. Length of stay in Baltimore <i>20</i> Yrs. Mos. Days  |                            | D. STREET ADDRESS (If rural, give location) <i>3711 Woodbine Ave.</i>   |  |  |   |
| 5. SEX <i>F.</i>   | 6. COLOR OR RACE <i>W.</i> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>  |  | 8. DATE OF BIRTH   | 9. AGE (In years last birthday) <i>57</i> |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>   |                            | 10B. KIND OF BUSINESS OR INDUSTRY   |  | 11. BIRTHPLACE (State or foreign country) <i>Greece</i>                          |   |
| 13. FATHER'S NAME <i>John Sotirakis</i>  |                            | 12. CITIZEN OF WHAT COUNTRY?  |  |  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)   |                            | 16. SOCIAL SECURITY NO.   |  | 17. INFORMANT ADDRESS <i>Louis Panos 3711 Woodbine Ave</i>                       |   |
| 18. <i>443X</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)   |                            | CAUSE OF DEATH  |  | INTERVAL BETWEEN ONSET AND DEATH   |   |
| DUE TO (A) <i>Cerebral Hemorrhage</i>  |                            |   |  | <i>24 hours.</i>   |   |
| DUE TO (B) <i>Hypertensive Heart Disease</i>   |                            |   |  | <i>5 yrs.</i>  |   |
| DUE TO (C)   |                            |   |  |  |   |
| ANTECEDENT CAUSES  |                            |   |  |  |   |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  |                            |   |  |  |   |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   |                            |   |  |  |   |
| 19A. DATE OF OPERATION <i>none</i>   |                            | 19B. MAJOR FINDINGS OF OPERATION  |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |   |
| 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)   |                            | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)                                     |  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)         |   |
| 21D. TIME (Month) (Day) (Year) (Hour) INJURY   |                            | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                        |  | 21F. HOW DID INJURY OCCUR?   |   |
| 22. I hereby certify that I attended the deceased from <i>June</i> , 1946, to <i>Jan. 24</i> , 1951, that I last saw the deceased alive on <i>Jan. 24</i> , 1951, and that death occurred at <i>9 P.</i> m., from the causes and on the date stated above. |                            |   |  |  |   |
| 23A. SIGNATURE <i>Carl L. Chambers</i>   |                            | 23B. ADDRESS <i>4108 Liberty Hts. Co</i>  |  | 23C. DATE SIGNED <i>1/28/51</i>  |   |
| 24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>  |                            | 24B. DATE <i>1-29-51</i>  |  | 24C. NAME OF CEMETERY OR CREMATORY <i>Greek Cemetery</i>                         |   |
| 24D. LOCATION (City, town, or county) (State) <i>Windsor Mill Rd</i>   |                            |   |  |  |   |
| DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 29 1951</i>  |                            | REGISTRAR'S SIGNATURE <i>Huntington Williams, Jr.</i>   |  | 25. FUNERAL DIRECTOR ADDRESS <i>Lambros Inc 440 E. North Ave</i>                 |   |

MEDICAL CERTIFICATION



462

0853

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0853

Registered No.

|   |   |   |   |
|---|---|---|---|
| 1. NAME OF DECEASED<br>(Type or Print) <b>SOLLERS, MRS AIMEE WATSON</b>   |   | 2. DATE OF DEATH<br><b>JANUARY 27 1951</b>  |   |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland ✓   |   | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>MARYLAND</b><br>B. COUNTY <b>—</b> |   |
| B. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>CHURCH HOME &amp; HOSPITAL</b>  |   | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>BALTIMORE 17</b>                                     |   |
| C. Length of stay in Baltimore <b>22</b> Yrs. <input checked="" type="checkbox"/> Mos. <input checked="" type="checkbox"/> Days   |   | D. STREET ADDRESS (If rural, give location)<br><b>1321 PARK AVENUE</b>  |   |
| 5. SEX<br><b>F.</b>   | 6. COLOR OR RACE<br><b>WHITE</b>  | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>MARRIED</b>   | 8. DATE OF BIRTH<br><b>A PRIL 23 1899</b>   |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>HOUSEWIFE</b>   |   | 10B. KIND OF BUSINESS OR INDUSTRY   | 9. AGE (In years last birthday)<br><b>51</b>  |
| 11. BIRTHPLACE (State or foreign country)<br><b>SCOTLAND.</b>   |   | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.</b>   |   |
| 13. FATHER'S NAME<br><b>JOHNATHAN WATSON</b>  |   | 14. MOTHER'S MAIDEN NAME<br><b>ELIZABETH SANDERS</b>  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)<br><b>NO</b>   |   | 16. SOCIAL SECURITY NO.<br><b>—</b>   |   |
| 17. INFORMANT<br><b>Mr. Joseph S. Sollers</b>   |   | ADDRESS<br><b>1321 PARK AVE.</b>  |   |
| 18. <b>581.1</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>CIRRHOSIS OF LIVER [LAENNEC'S]</b>            |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>YEARS</b>  |   |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><b>II</b>   |   | (A) DUE TO <b>due to involuntary drug addiction caused by Schlessinger's solution</b>   |   |
|   |   | (B) DUE TO <b>Abdominal adhesions causing severe pain (over)</b>  |   |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   |   | (C) <b>DRUG ADDICTION [Schlessinger's Solution]</b>   |   |
| 19A. DATE OF OPERATION<br><b>7</b>  | 19B. MAJOR FINDINGS OF OPERATION  |   | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)  | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)                 | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)  |   |
| 21D. TIME (Month) (Day) (Year) (Hour) INJURY  | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21F. HOW DID INJURY OCCUR?  |   |
| 22. I hereby certify that I attended the deceased from <b>July 1<sup>st</sup> 1950</b> , to <b>JAN 27 1951</b> , that I last saw the deceased alive on <b>JAN 27 1951</b> , and that death occurred at <b>4:30 PM</b> m., from the causes and on the date stated above. |   |   |   |
| 23A. SIGNATURE<br><b>Kelly Moore</b>  |   | 23B. ADDRESS<br>M. O. <b>CHURCH HOME HOSPITAL</b>   |   |
| 23C. DATE SIGNED<br><b>1<sup>st</sup> JANUARY</b>   |   |   |   |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>CREMATION</b>   | 24B. DATE<br><b>1-30-50</b>   | 24C. NAME OF CEMETERY OR CREMATORY<br><b>Louisa Park Cemy</b>   | 24D. LOCATION (City, town, or county) (State)<br><b>Fred. Ave. Balto. Md.</b>       |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>JAN 29 1951</b>  | REGISTRAR'S SIGNATURE<br><b>John O. Mitchell</b>  | 25. FUNERAL DIRECTOR ADDRESS<br><b>John O. Mitchell &amp; Son</b>   |   |

MEDICAL CERTIFICATION

1951 01 01 1646 58 208 kutan pl.

See Document File 51-0853

Explanatory amendment by Dr. Dr. Kirk Moore, Resident in Surgery,  
Church Home & Hospital

2/13/51 ES

360  
0854

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0854

Registered No.

BIRTH NO.

|  |                                  |  |   |  |  |
|--|----------------------------------|--|---|--|--|
| 1. NAME OF DECEASED<br>(Type or Print) <b>FLORENCE M. TUDOR</b>  |                                  |  | 2. DATE OF DEATH <b>1-26-51</b>   |  |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland  |                                  |  | 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)<br>A. STATE <b>Ind.</b> B. COUNTY <b>Balto.</b> |  |  |
| B. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>Union Memorial Hospital</b>                                  |                                  |  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore</b> <b>15-06</b>                         |  |  |
| D. Length of stay in Baltimore <b>72</b>   |                                  |  | E. STREET ADDRESS (If rural, give location)<br><b>3105 Clifton Ave.</b>   |  |  |
| 5. SEX<br><b>Female</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Single</b> | 8. DATE OF BIRTH<br><b>2-24-1878</b>  |  | 9. AGE (In years last birthday)<br><b>72</b> |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>none</b> |                                  | 10B. KIND OF BUSINESS OR INDUSTRY                                | 11. BIRTHPLACE (State or foreign country)<br><b>Baltimore, Ind.</b>   |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>   |
| 13. FATHER'S NAME<br><b>Joseph Tudor</b>   |                                  |  | 14. MOTHER'S MAIDEN NAME<br><b>Margaret Getty</b>   |  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)<br><b>No</b>           |                                  | 16. SOCIAL SECURITY NO.<br><b>-</b>                              | 17. INFORMANT ADDRESS   |  |  |

|   |  |
|---|--|
| 18. <b>420.0</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>MYOCARDIAL INFARCTION</b><br>DUE TO<br><b>ARTERIOSCLEROTIC HEART DIS.</b> | INTERVAL BETWEEN ONSET AND DEATH<br><b>?</b> |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   |  |

|   |   |  |
|---|---|--|
| 19A. DATE OF OPERATION  | 19B. MAJOR FINDINGS OF OPERATION  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/> | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)                 | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) |
| 21D. TIME (Month) (Day) (Year) (Hour) INJURY  | 21E. INJURY OCCURRED<br>WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/> | 21F. HOW DID INJURY OCCUR?   |

22. I hereby certify that I attended the deceased from **1-7-51**, 19\_\_, to **1-26-51**, 19\_\_, that I last saw the deceased alive on **1-26-51**, 19\_\_, and that death occurred at **10:40 Am.**, from the causes and on the date stated above.

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|--|--|---|
| 23A. SIGNATURE<br><b>Richard Beach</b>                     | 23B. ADDRESS<br><b>Union Memorial Hospital</b>         | 23C. DATE SIGNED<br><b>1-26-51</b>                                  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>BURIAL</b> | 24B. DATE<br><b>1-29-1950</b>                          | 24C. NAME OF CEMETERY OR CREMATORY<br><b>London Park Cem.</b>       |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>JAN 29 1951</b>     | REGISTRAR'S SIGNATURE<br><b>William Williams, M.D.</b> | 25. FUNERAL DIRECTOR<br><b>John O. Mitchell Home 1900 Eutaw Pl.</b> |

1951 FEB 00 0853

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CERTIFICATE OF DEATH

VERMONT

1900

1-18-1900  
J. H. [illegible]  
[illegible]  
[illegible]



325  
51 0855  
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0855  
Registered No.

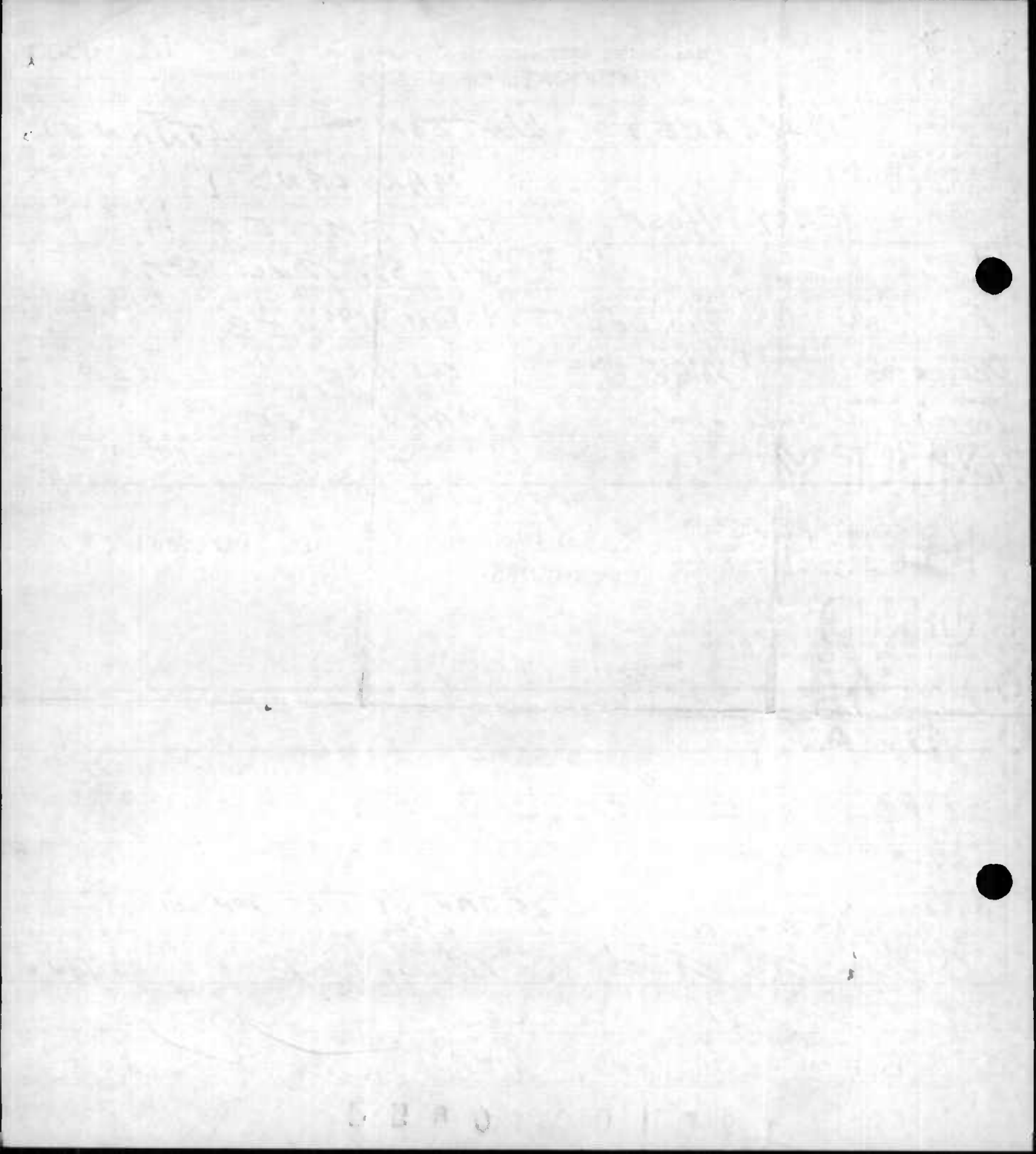
|  |                           |  |   |   |   |
|--|---------------------------|--|---|---|---|
| 1. NAME OF DECEASED<br>(Type or Print) <b>MARGARET C. WATSON</b>   |                           |  | 2. DATE OF DEATH <b>27 JAN 51</b>   |   |   |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland  |                           |  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>MARYLAND</b> B. COUNTY |   |   |
| B. FULL NAME OF HOSPITAL OR INSTITUTION <b>MERCY HOSP</b>  |                           |  | C. CITY OR TOWN (If outside corporate limits write RURAL and give township) <b>BALTIMORE</b>                                |   |   |
| D. STREET ADDRESS (If rural, give location) <b>611 ST. PAUL ST.</b>  |                           |  | E. LENGTH OF STAY IN BALTIMORE <b>16</b> Yrs. Mos. Days   |   |   |
| 5. SEX <b>F</b>  | 6. COLOR OR RACE <b>W</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b> | 8. DATE OF BIRTH <b>4 JUN 1897</b>  | 9. AGE (in years last birthday) <b>53</b> | If Under 1 Year Months: Days: If Under 24 Hours Hours: Min. |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>DECORATOR</b> |                           |  | 10B. KIND OF BUSINESS OR INDUSTRY <b>PLYMOUTH WHEEL PAPER CO.</b>   |   | 11. BIRTHPLACE (State or foreign country) <b>NEW YORK</b>   |
| 12. CITIZEN OF WHAT COUNTRY? <b>USA</b>  |                           |  | 13. FATHER'S NAME <b>THOMAS O'SULLIVAN</b>  |   |   |
| 14. MOTHER'S MAIDEN NAME <b>MARY LEE</b>   |                           |  | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>UNK</b> (If yes, give war or dates of service)         |   |   |
| 16. SOCIAL SECURITY NO.  |                           |  | 17. INFORMANT <b>Harrisburg</b> ADDRESS <b>Mary Ladington 2706 Green St</b>   |   |   |

|  |  |                                  |
|--|--|----------------------------------|
| 18. <b>343X</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>ENCEPHALOMYELITIS AND ADRENAL ATROPHY</b> |  | INTERVAL BETWEEN ONSET AND DEATH |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br>(B) _____<br>(C) _____   |  |                                  |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  |  |                                  |

|   |  |  |   |  |  |
|---|--|--|---|--|--|
| 19A. DATE OF OPERATION <b>27</b>  |  | 19B. MAJOR FINDINGS OF OPERATION   |   | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |  |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>  | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)              | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) |   |  |  |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY   | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21F. HOW DID INJURY OCCUR?   |   |  |  |
| 22. I hereby certify that I attended the deceased from <b>25 JAN 1951</b> to <b>27 JAN 1951</b> , that I last saw the deceased alive on <b>27 JAN 1951</b> , and that death occurred at <b>2:30 Am.</b> , from the causes and on the date stated above. |  |  |   |  |  |
| 23A. SIGNATURE <b>Oliver R. Road</b> M. D.  |  | 23B. ADDRESS <b>Mercy Hosp</b>   |   | 23C. DATE SIGNED <b>27 JAN 51</b>  |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Buried</b>   | 24B. DATE <b>1/30/51</b>   | 24C. NAME OF CEMETERY OR CREMATORY <b>Cathedral</b>                      | 24D. LOCATION (City, town, or county) (State) <b>Balto. Md.</b> |  |  |
| DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 29 1951</b>   |  | REGISTRAR'S SIGNATURE <b>William H. Williams</b>                         |   | 25. FUNERAL DIRECTOR ADDRESS <b>Wm Cook Inc. 1217 St. Paul St</b>                |  |

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500  
51 0856BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0856

Registered No.

BIRTH NO.

|  |                              |  |  |
|--|------------------------------|--|--|
| 1. NAME OF DECEASED<br>(Type or Print) <b>CHARLES THORNTON BEAN</b>  |                              | 2. DATE OF DEATH <b>1-27-51</b>  |  |
| 3. PLACE OF DEATH:<br>a. Baltimore City, Maryland  |                              | 4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)<br>a. STATE <b>Maryland</b><br>b. COUNTY <b>4-01</b> |  |
| b. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>Union Memorial Hospital</b>  |                              | c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore</b>   |  |
| c. Length of stay in Baltimore   |                              | d. STREET ADDRESS (If rural, give location)<br><b>3 W Franklin St</b>  |  |
| 5. SEX<br><b>M</b>   | 6. COLOR OR RACE<br><b>W</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>D</b>  | 8. DATE OF BIRTH<br><b>May 30 1892</b> |
| 9. AGE (In years last birthday)<br><b>58</b>   |                              | 10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.  |  |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Public Relations</b>   |                              | 10B. KIND OF BUSINESS OR INDUSTRY<br><b>Public Relations</b>   |  |
| 11. BIRTHPLACE (State or foreign country)<br><b>Philadelphia Pa.</b>   |                              | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>   |  |
| 13. FATHER'S NAME<br><b>Sylvester Bean</b>   |                              | 14. MOTHER'S MAIDEN NAME<br><b>Ellen Brown</b>   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)<br><b>Unknown</b>   |                              | 16. SOCIAL SECURITY NO.  |  |
| 17. INFORMANT<br><b>Wanda Sezech</b>   |                              | ADDRESS<br><b>2330 E. Fairmount Ave</b>  |  |
| 18. <b>420.1</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Acute Cerebral Thrombosis (Anterior)</b>                       |                              | CAUSE OF DEATH<br><b>Acute Cerebral Thrombosis (Anterior)</b>  |  |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><br>II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.                              |                              | INTERVAL BETWEEN ONSET AND DEATH<br><b>33 da.</b>  |  |
| 19A. DATE OF OPERATION <b>2</b>  |                              | 19B. MAJOR FINDINGS OF OPERATION   |  |
| 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>  |                              |  |  |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>   |                              | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)  |  |
| 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)   |                              |  |  |
| 21D. TIME (Month) (Day) (Year) (Hour) INJURY   |                              | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                                  |  |
| 21F. HOW DID INJURY OCCUR?   |                              |  |  |
| 22. I hereby certify that I attended the deceased from <b>Dec 24</b> , 19 <b>50</b> , to <b>Jan 27</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>Jan 27</b> , 19 <b>51</b> , and that death occurred at <b>9:35 A.</b> m., from the causes and on the date stated above. |                              |  |  |
| 23A. SIGNATURE<br><b>Alvin Bongelaar</b>   |                              | 23B. ADDRESS<br><b>Union Memorial Hosp.</b>  |  |
| 23C. DATE SIGNED<br><b>1-27-51</b>   |                              |  |  |
| 24A. BURIAL, CREMATION, REINTERMENT  |                              | 24B. DATE<br><b>1/24/51</b>  |  |
| 24C. NAME OF CEMETERY OR CREMATORY<br><b>Green Mount</b>   |                              | 24D. LOCATION (City, town, or county) (State)<br><b>Spring City, Penna.</b>  |  |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>JAN 29 1951</b>   |                              | REGISTRAR'S SIGNATURE<br><b>Thurston M. Williams, M.D.</b>   |  |
| 25. FUNERAL DIRECTOR<br><b>Wm. Cook Inc.</b>   |                              | ADDRESS<br><b>1217 St. Paul St.</b>  |  |

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|--|--------------------|---|---|--|--|
| BIRTH NO. 0857   |                    | BALTIMORE CITY HEALTH DEPARTMENT<br>CERTIFICATE OF DEATH  |   | 51 0857<br>Registered No.  |  |
| 1. NAME OF DECEASED<br>(Type or Print) Stubbins, Gloria Angela   |                    |   | 2. DATE OF DEATH January 28, 1951   |  |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland  |                    |   | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE Maryland B. COUNTY 9.9 Co |  |  |
| B. FULL NAME OF HOSPITAL OR INSTITUTION<br>St. Joseph's  |                    |   | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br>Baltimore                                   |  |  |
| C. Length of stay in Baltimore   |                    |   | D. STREET ADDRESS (If rural, give location)<br>1215 Locust Place Orchard Beach  |  |  |
| 5. SEX F   | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married   | 8. DATE OF BIRTH Feb. 25, 1926  | 9. AGE (In years last birthday) 24                                       | 10. Under 1 Year Months: Days 10 Under 24 Hours Min. |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Hwfe.   |                    |   | 10B. KIND OF BUSINESS OR INDUSTRY<br>Own home   |  |  |
| 13. FATHER'S NAME<br>Joseph Sapp   |                    |   | 14. MOTHER'S MAIDEN NAME<br>Alveta McKnew   |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No  |                    |   | 16. SOCIAL SECURITY NO.   |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No  |                    |   | 17. INFORMANT<br>Richard Stubbins Orchard Beach   |  |  |
| 18. 443X<br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br>DUE TO (A) Congestive heart failure<br>DUE TO (B) Hypertensive cardiovascular disease<br>DUE TO (C)<br>II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. |                    |   | INTERVAL BETWEEN ONSET AND DEATH  |  |  |
| 19A. DATE OF OPERATION 0   |                    |   | 19B. MAJOR FINDINGS OF OPERATION  |  |  |
| 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |                    |   |   |  |  |
| 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)   |                    | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                  |   | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) |  |
| 21D. TIME (Month) (Day) (Year) (Hour) INJURY   |                    | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |   | 21F. HOW DID INJURY OCCUR?   |  |
| 22. I hereby certify that I attended the deceased from January 27, 1951, to January 28, 1951, that I last saw the deceased alive on Jan. 28, 1951, and that death occurred at 10:30 m., from the causes and on the date stated above.  |                    |   |   |  |  |
| 23A. SIGNATURE<br>Dora Rodriguez Vega  |                    | 23B. ADDRESS<br>M. D. 1400 N. Caroline St.  |   | 23C. DATE SIGNED<br>Jan. 28, 1951  |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial  |                    | 24B. DATE<br>1/31/51  |   | 24C. NAME OF CEMETERY OR CREMATORY<br>U. S. National                     |  |
| 24D. LOCATION (City, town, or county) (State)<br>Balto. Md.  |                    |   |   |  |  |
| DATE RECEIVED BY LOCAL REGISTRAR<br>JAN 29 1951  |                    | REGISTRAR'S SIGNATURE<br>T. J. Williams   |   | 25. FUNERAL DIRECTOR<br>Wm Cook Inc. 1257 St. Paul St                    |  |
| VS 150   |                    | 1951 0000850 93D  |   |  |  |

CERTIFICATE OF DEATH

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51 0858

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

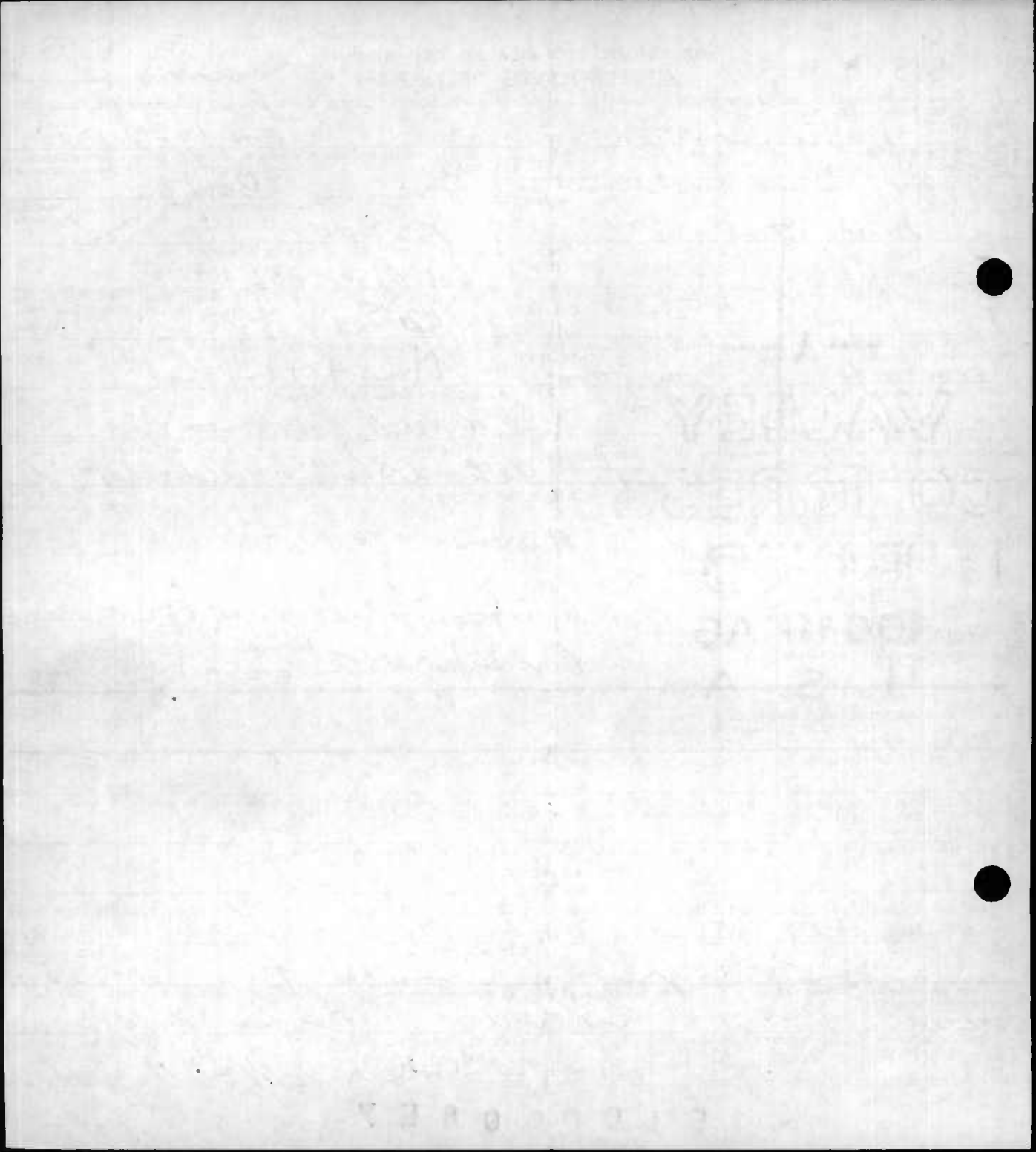
51 0858

Registered No. \_\_\_\_\_

|   |                              |  |  |
|---|------------------------------|--|--|
| 1. NAME OF DECEASED<br>(Type or Print) <i>Hattie Shutt</i>  |                              | 2. DATE OF DEATH <i>1-27-51</i>  |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland   |                              | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <i>Md.</i> B. COUNTY <i>Belt</i> |  |
| 5. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR INSTITUTE<br><i>Univ. Hosp.</i> |                              | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><i>Baltimore Rural</i>                             |  |
| 6. LENGTH OF stay in Baltimore  |                              | D. STREET ADDRESS (If rural, give location)<br><i>601 Aldershot Rd. 5300</i>   |  |
| 5. SEX<br><i>F</i>  | 6. COLOR OR RACE<br><i>W</i> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><i>WIDOWED</i>  | 8. DATE OF BIRTH<br><i>1862 10 28</i>        |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><i>Housewife</i>                     |                              | 10B. KIND OF BUSINESS OR INDUSTRY<br><i>Own Home</i>   | 9. AGE (In years last birthday)<br><i>88</i> |
| 13. FATHER'S NAME<br><i>Henry Turner</i>  |                              | 11. BIRTHPLACE (State or foreign country)<br><i>New York</i>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)<br><i>No</i>                |                              | 12. CITIZEN OF WHAT COUNTRY?<br><i>U.S.</i>  |  |
| 16. SOCIAL SECURITY NO.   |                              | 14. MOTHER'S MAIDEN NAME<br><i>Marriett (Unknown)</i>  |  |
| 17. INFORMANT<br><i>Arthur L. Shutt</i>   |                              | ADDRESS<br><i>601 Aldershot Rd</i>   |  |

|   |  |                                  |
|---|--|----------------------------------|
| 18. <i>420.1</i><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><i>Anoxemia &amp; Resp. Failure</i> |  | INTERVAL BETWEEN ONSET AND DEATH |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><i>Hypertensive Arteriosclerotic Heart Disease</i>  |  |                                  |
| (A) <i>Anoxemia &amp; Resp. Failure</i><br>DUE TO   |  |                                  |
| (B) <i>Hypertensive Arteriosclerotic Heart Disease</i><br>DUE TO  |  |                                  |
| (C) <i>Atherosclerosis - Cerebral</i><br>DUE TO   |  |                                  |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   |  |                                  |

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 19A. DATE OF OPERATION <i>0</i>   |  | 19B. MAJOR FINDINGS OF OPERATION  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>  |  |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>  |  | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                  |  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)  |  |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY   |  | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21F. HOW DID INJURY OCCUR?  |  |
| 22. I hereby certify that I attended the deceased from <i>1-9</i> , 19 <i>51</i> , to <i>1-27</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>1-27</i> , 19 <i>51</i> , and that death occurred at <i>7:30 p.m.</i> , from the causes and on the date stated above. |  |   |  |   |  |
| 23A. SIGNATURE<br><i>Arthur L. Shutt</i>  |  | 23B. ADDRESS<br><i>Univ. Hosp</i>   |  | 23C. DATE SIGNED<br><i>1-27-51</i>  |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><i>Removal</i>   |  | 24B. DATE<br><i>1/29/51</i>   |  | 24C. NAME OF CEMETERY OR CREMATORY<br><i>Lakeside</i>                     |  |
| 24D. LOCATION (City, town, or county) (State)<br><i>Poughkeepsie N.Y.</i>   |  | 24E. NAME OF CEMETERY OR CREMATORY<br><i>Lakeside</i>   |  | 24F. LOCATION (City, town, or county) (State)<br><i>Poughkeepsie N.Y.</i> |  |
| DATE RECEIVED BY LOCAL REGISTRAR<br><i>JAN 29 1951</i>  |  | REGISTRAR'S SIGNATURE<br><i>Huntington Williams</i>   |  | 25. FUNERAL DIRECTOR<br><i>Wm Cook Inc</i>                                |  |
|   |  |   |  | ADDRESS<br><i>1217 St. Paul St.</i>                                       |  |





230  
51 0859

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0859

Registered No.

|  |                                  |   |                                       |
|--|----------------------------------|---|---------------------------------------|
| 1. NAME OF DECEASED<br>(Type or Print) <i>REGINA Buchta</i>  |                                  | 2. DATE OF DEATH<br><i>JAN 28 1951</i>  |                                       |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland  |                                  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <i>Md.</i><br>B. COUNTY |                                       |
| 5. FULL NAME OF HOSPITAL OR INSTITUTION<br><i>JOHN HOPKINS HOSPITAL</i>  |                                  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><i>Baltimore 3-02</i>                     |                                       |
| 6. LENGTH OF STAY IN BALTIMORE<br><i>33</i>  |                                  | D. STREET ADDRESS (If rural, give location)<br><i>1529 Alice Anna St</i>  |                                       |
| 7. SEX<br><i>female</i>  | 8. COLOR OR RACE<br><i>white</i> | 9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><i>married</i>   | 10. DATE OF BIRTH<br><i>5/22/1887</i> |
| 11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><i>housewife</i> |                                  | 12. AGE (In years last birthday) <i>63</i><br>If Under 1 Year: Months: Days<br>If Under 24 Hours: Hours: Min.             |                                       |
| 13. FATHER'S NAME<br><i>George Bente</i>   |                                  | 14. BIRTHPLACE (State or foreign country)<br><i>Balto. Md.</i>  |                                       |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)<br><i>No</i>                                 |                                  | 16. CITIZEN OF WHAT COUNTRY?<br><i>Unknown</i>  |                                       |
| 17. SOCIAL SECURITY NO.  |                                  | 18. INFORMANT ADDRESS<br><i>JOHN HOPKINS HOSPITAL</i>   |                                       |

|   |  |
|---|--|
| 18. <i>331X</i><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><i>Cerebral Vascular Acc</i><br>DUE TO (A) <i>Hypertension</i><br>(B) <i>Hypertension</i><br>(C) <i>Hypertension</i><br>INTERVAL BETWEEN ONSET AND DEATH<br><i>24 hours</i> |  |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   |  |

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 19A. DATE OF OPERATION <i>1-27-1951</i>   |  | 19B. MAJOR FINDINGS OF OPERATION  |  | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |  |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH   |  | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)                 |  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)            |  |
| 21D. TIME (Month) (Day) (Year) (Hour) INJURY  |  | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21F. HOW DID INJURY OCCUR?  |  |
| 22. I hereby certify that I attended the deceased from <i>1-27-</i> , 1950, to <i>1-28-</i> , 1951, that I last saw the deceased alive on <i>1-28-</i> , 1951, and that death occurred at <i>m.</i> , from the causes and on the date stated above. |  |   |  |   |  |
| 23A. SIGNATURE<br><i>W. G. Landrum</i>  |  | 23B. ADDRESS<br><i>JOHN HOPKINS HOSPITAL</i>  |  | 23C. DATE SIGNED  |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><i>Burial</i>  |  | 24B. DATE<br><i>1/31/51</i>   |  | 24C. NAME OF CEMETERY OR CREMATORY<br><i>Cathedral</i>                              |  |
| 24D. LOCATION (City, town, or county) (State)<br><i>Balto. Md.</i>  |  | 24E. DATE RECEIVED BY LOCAL REGISTRAR<br><i>JAN 29 1951</i>   |  | 24F. REGISTRAR'S SIGNATURE<br><i>Huntington Williams, M.D.</i>                      |  |
| 24G. FUNERAL DIRECTOR<br><i>Wm Cook Inc. 1217 St. Paul St.</i>  |  | 24H. ADDRESS  |  | 24I. DATE RECEIVED BY LOCAL REGISTRAR<br><i>JAN 29 1951</i>                         |  |

19510000850

83a

UNITED STATES DEPARTMENT OF AGRICULTURE  
BUREAU OF PLANT INDUSTRY

Washington, D. C.

June 10, 1914

Mr. J. H. ...

Dear Sir:

I have the honor to acknowledge the receipt of your letter of the 5th inst.

and in reply to inform you that the same has been forwarded to the proper authorities for their consideration.

I am, Sir, very respectfully,  
Yours very truly,

Wm. H. ...

Very truly yours,

Wm. H. ...

...

Wm. H. ...

...

...

...

03200

500

51 0860

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print) **OCC Baker Kemm**

2. DATE OF DEATH **1/28/51**

3. PLACE OF DEATH:  
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE **MD**  
B. COUNTY **20-02**

5. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTE **2427 Edmondson Ave**

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
**BALTO.**

7. STREET ADDRESS (If rural, give location)  
**2427 Edmondson Ave**

8. LENGTH OF STAY IN BALTIMORE **75**

9. SEX **FEMALE**

10. COLOR OR RACE **White**

11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

12. DATE OF BIRTH **March 9, 1873**

13. AGE (In years last birthday) **77**

14. If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

15. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**HOUSEWIFE**

16. KIND OF BUSINESS OR INDUSTRY

17. BIRTHPLACE (State or foreign country)  
**Richmond VA.**

18. CITIZEN OF WHAT COUNTRY?

19. FATHER'S NAME  
**Robert Totty**

20. MOTHER'S MAIDEN NAME  
**SARAH BAKER**

21. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)  
**No**

22. SOCIAL SECURITY NO.

23. INFORMANT ADDRESS  
**Merle Miller 2427 Edmondson Ave**

24. CAUSE OF DEATH  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)  
**Cerebral Hemorrhage**  
DUE TO  
INTERVAL BETWEEN ONSET AND DEATH  
**36 hrs.**  
ANTECEDENT CAUSES  
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  
**Arteriosclerosis**  
DUE TO  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

25. DATE OF OPERATION **0**

26. MAJOR FINDINGS OF OPERATION

27. AUTOPSY?  
YES ☐ NO ☐

28. ACCIDENT, SUICIDE, HOMICIDE (Specify)

29. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

30. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

31. TIME (Month) (Day) (Year) (Hour) INJURY

32. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE ☐  
m. WORK AT WORK

33. HOW DID INJURY OCCUR?

34. I hereby certify that I attended the deceased from **Jan. 15**, 19**50**, to **Jan. 28**, 19**51**, that I last saw the deceased alive on **Jan. 27**, 19**51**, and that death occurred at **5 A. M.**, from the causes and on the date stated above.

35. SIGNATURE  
**Deane Laughlin**

36. ADDRESS  
M. D. **4508 Edmondson Village**

37. DATE SIGNED  
**1/29/51**

38. BURIAL, CREMATION, REMOVAL (Specify)  
**Burial**

39. DATE  
**Jan 31, 1951**

40. NAME OF CEMETERY OR CREMATORY  
**Mt Olivet Cem.**

41. LOCATION (City, town, or county) (State)  
**Balto Md.**

42. DATE RECEIVED BY LOCAL REGISTRAR  
**JAN 29 1951**

43. REGISTRAR'S SIGNATURE  
**Huntington Williams, M.D.**

44. FUNERAL DIRECTOR  
**Charles P. Towell**

45. ADDRESS  
**2427 Edmondson Ave**

46. VS 150

47. 51 0860

48. 83a

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **51 0861**

|   |                                    |   |                                      |  |                                  |
|---|------------------------------------|---|--------------------------------------|--|----------------------------------|
| BIRTH NO. <b>536 0861</b>   |                                    | 1. NAME OF DECEASED<br>(Type or Print) <b>JOSEPH KINSEY COMMODORE</b>   |                                      | 2. DATE OF DEATH <b>January 27, 1951</b>                             |                                  |
| 3. PLACE OF DEATH:<br>A. <b>Baltimore City, Maryland</b>  |                                    | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>Maryland</b><br>B. COUNTY <b>Baltimore</b> |                                      |  |                                  |
| B. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>South Baltimore General Hospital</b>                                    |                                    | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore</b>  |                                      |  |                                  |
| C. Length of stay in Baltimore <b>Life</b>  |                                    | D. STREET ADDRESS (If rural, give location)<br><b>923 Russell Street</b>  |                                      |  |                                  |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>Colored</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b>   | 8. DATE OF BIRTH<br><b>4/11/1919</b> | 9. AGE (In years last birthday)<br><b>31</b>                         | 10. Under 1 Year<br>Months: Days |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Merchant Seaman</b> |                                    | 10B. KIND OF BUSINESS OR INDUSTRY<br><b>Merchant Shipping</b>   |                                      | 11. BIRTHPLACE (State or foreign country)<br><b>Baltimore, Md.</b>   |                                  |
| 12. CITIZEN OF WHAT COUNTRY?  |                                    | 13. FATHER'S NAME<br><b>George Commodore</b>  |                                      | 14. MOTHER'S MAIDEN NAME<br><b>Elizabeth Farrell</b>                 |                                  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)              |                                    | 16. SOCIAL SECURITY NO.   |                                      | 17. INFORMANT ADDRESS<br><b>Elizabeth Commodore-834 S. Eutaw, St</b> |                                  |

|   |  |                                  |
|---|--|----------------------------------|
| 18. <b>E870:0 I</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Heroin poisoning</b><br>(A) DUE TO |  | INTERVAL BETWEEN ONSET AND DEATH |
| ANTECEDENT CAUSES<br>(B) DUE TO   |  |                                  |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br>(C) DUE TO   |  |                                  |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   |  |                                  |

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 19A. DATE OF OPERATION  |  | 19B. MAJOR FINDINGS OF OPERATION   |  | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>                   |  |
| 21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH. |  | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)<br><b>Home</b>             |  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)<br><b>923 Russell Street</b> |  |
| 21D. TIME (Month) (Day) (Year) (Hour)<br><b>January 27, 1951</b>  |  | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> |  | 21F. HOW DID INJURY OCCUR?<br><b>Injection of heroin</b>  |  |

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 23A. SIGNATURE<br><i>William W. Brown</i> |  | 23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> M.D. |  | 23C. DATE SIGNED<br><b>Jan. 27, 1951</b> |  |
|---|--|--|--|--|--|

|  |  |                             |  |   |  |  |  |
|--|--|-----------------------------|--|---|--|--|--|
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> |  | 24B. DATE<br><b>1/30/51</b> |  | 24C. NAME OF CEMETERY OR CREMATORY<br><b>Mt Auburn Cemetery</b> |  | 24D. LOCATION (City, town, or county) (State)<br><b>Baltimore, City.</b> |  |
|--|--|-----------------------------|--|---|--|--|--|

|   |  |   |  |  |  |         |  |
|---|--|---|--|--|--|---------|--|
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>N 291951</b> |  | REGISTRAR'S SIGNATURE<br><i>W. L. Brown</i> |  | 25. FUNERAL DIRECTOR<br><b>J. L. Brown - 108 W Montgomery St</b> |  | ADDRESS |  |
| VS 151  |  | N 970                                       |  | 1550 0860  |  | 179M    |  |

MEDICAL CERTIFICATION



530

51 0862

## BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No. 51 0862

BIRTH NO. 51-01945 Susan Mary

|   |                               |  |   |
|---|-------------------------------|--|---|
| 1. NAME OF DECEASED<br>(Type or Print) <i>Baby Girl Schmidt</i>                             |                               | 2. DATE OF DEATH <i>Jan. 28, 1951</i>  |   |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland <i>Baltimore, Md.</i>                     |                               | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <i>Baltimore</i> B. COUNTY |   |
| B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Mercy Hospital</i>                               |                               | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><i>Baltimore 7-04</i>                        |   |
| C. Length of stay in Baltimore <i>4</i>   |                               | D. STREET ADDRESS (If rural, give location)<br><i>1015 N. CASTLE ST</i>  |   |
| 5. SEX <i>Female</i>  | 6. COLOR OR RACE <i>White</i> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  | 8. DATE OF BIRTH <i>JAN. 24, 1951</i>         |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) |                               | 10B. KIND OF BUSINESS OR INDUSTRY  | 9. AGE (In years last birthday) <i>4 days</i> |
| 13. FATHER'S NAME <i>WILFORD E. Schmidt</i>   |                               | 12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>   |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If Yes, give war or dates of service)         |                               | 16. SOCIAL SECURITY NO.  |   |
| 17. INFORMANT   |                               | ADDRESS  |   |

18. 760.0

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

*Intrauterine hemorrhage 4 days*

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 2 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

|   |  |  |
|---|--|--|
| 21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/> | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)               | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY   | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21F. HOW DID INJURY OCCUR?   |

22. I hereby certify that I attended the deceased from Jan 24, 1951, to Jan 28, 1951, that I last saw the deceased alive on Jan 28, 1951, and that death occurred at 1:20 A.M., from the causes and on the date stated above.

23A. SIGNATURE *M. E. Matthews* M. D. 23B. ADDRESS *Mercy Hospital* 23C. DATE SIGNED *Jan 28, 1951*

24A. BURIAL, CREMATION, REMOVAL (Specify) *Burial* 24B. DATE *1-29-51* 24C. NAME OF CEMETERY OR CREMATORY *Holy Redeemer* 24D. LOCATION (City, town, or county) (State) *Balto. Md*

DATE RECEIVED BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS

JAN 29 1951 *Philip E. Cusack* 2716 E. Monument St

VS 150

19510000861

160a

MEDICAL CERTIFICATION



1. The first part of the report is a general description of the project and its objectives. This section includes a brief history of the project and a statement of the problem being addressed. It also outlines the scope of the project and the methods that will be used to collect and analyze data.

2. The second part of the report is a detailed description of the data collection process. This section includes a description of the instruments used to collect data, a description of the procedures used to collect data, and a description of the data that was collected. It also includes a description of the data analysis process and the results of the analysis.

3. The third part of the report is a discussion of the results of the study. This section includes a description of the findings of the study, a discussion of the implications of the findings, and a conclusion. It also includes a list of references and a list of figures and tables.

4. The fourth part of the report is a list of references. This section includes a list of all the sources of information used in the study, including books, articles, and other documents. It also includes a list of all the figures and tables used in the study.

5. The fifth part of the report is a list of figures and tables. This section includes a list of all the figures and tables used in the study, including a list of all the figures and tables used in the study.

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

51 0863  
Registered No.

451  
51 0863  
BIRTH NO.

|   |                               |   |   |  |  |
|---|-------------------------------|---|---|--|--|
| 1. NAME OF DECEASED<br>(Type or Print) <b>MISS HELEN REGINA UHLENBERG</b>                                 |                               |   | 2. DATE OF DEATH <b>1-28-51</b>   |  |  |
| 3. PLACE OF DEATH:<br>a. <b>Baltimore City, Maryland</b>  |                               |   | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Maryland</b><br>b. COUNTY <b>Baltimore</b> |  |  |
| 5. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>Union Memorial Hospital</b>                                 |                               |   | 6. CITY OR TOWN (If outside corporate limits, write FULL and give township)<br><b>Baltimore</b>   |  |  |
| 7. LENGTH OF STAY IN BALTIMORE<br><b>60</b> Yrs. Mos. Days  |                               |   | 8. STREET ADDRESS (If rural, give location)<br><b>3529 Liberty Heights Ave.</b>   |  |  |
| 9. SEX<br><b>F</b>  | 10. COLOR OR RACE<br><b>W</b> | 11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Single</b> | 12. DATE OF BIRTH<br><b>12-29-1889</b>  |  | 13. AGE (in years last birthday) <b>61</b> |
| 14. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>None</b> |                               |   | 15. KIND OF BUSINESS OR INDUSTRY  |  |  |
| 16. FATHER'S NAME<br><b>George Henry Uhlenberg</b>  |                               |   | 17. MOTHER'S MAIDEN NAME<br><b>Margaret Maguire</b>   |  |  |
| 18. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)   |                               |   | 19. SOCIAL SECURITY NO.   |  |  |
| 20. INFORMANT<br><b>Mrs. John H. Hinds</b>  |                               |   | 21. ADDRESS<br><b>3529 Liberty Heights Ave.</b>   |  |  |

|   |  |                                      |  |                                  |  |
|---|--|--------------------------------------|--|----------------------------------|--|
| 18. <b>200.1</b>  |  | CAUSE OF DEATH                       |  | INTERVAL BETWEEN ONSET AND DEATH |  |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) |  | (A) <b>Intestinal Obstruction</b>    |  | <b>2 wks.</b>                    |  |
| ANTECEDENT CAUSES   |  | (B) <b>Lymphosarcoma generalized</b> |  | <b>?</b>                         |  |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.   |  | (C)                                  |  |                                  |  |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   |  |                                      |  |                                  |  |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 19A. DATE OF OPERATION <b>1-28-51</b>  |  | 19B. MAJOR FINDINGS OF OPERATION   |  | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |  |
| 21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>  | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)              | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) |  |  |  |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21F. HOW DID INJURY OCCUR?   |  |  |  |
| 22. I hereby certify that I attended the deceased from <b>12-18</b> , 1950, to <b>1-28</b> , 1951, that I last saw the deceased alive on <b>1-28</b> , 1951, and that death occurred at <b>8:48 P.m.</b> , from the causes and on the date stated above. |  |  |  |  |  |
| 23A. SIGNATURE<br><b>Union Boniface</b>  |  | 23B. ADDRESS<br><b>Union Memorial Hosp.</b>                              |  | 23C. DATE SIGNED<br><b>1-28-51</b>   |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 24B. DATE<br><b>Jan 31/1951</b>  | 24C. NAME OF CEMETERY OR CREMATORY<br><b>Woodlawn</b>                    | 24D. LOCATION (City, town, or County) (State)<br><b>Woodlawn Md.</b> |  |  |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>JAN 29 1951</b>   | REGISTRAR'S SIGNATURE<br><b>Livingston Williams, M.D.</b>  | 25. FUNERAL DIRECTOR<br><b>Harry H. Hinds</b>                            |  | ADDRESS<br><b>4204 Ridgewood Ave</b>   |  |

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MEDICAL CERTIFICATION

JANUARY 1914

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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

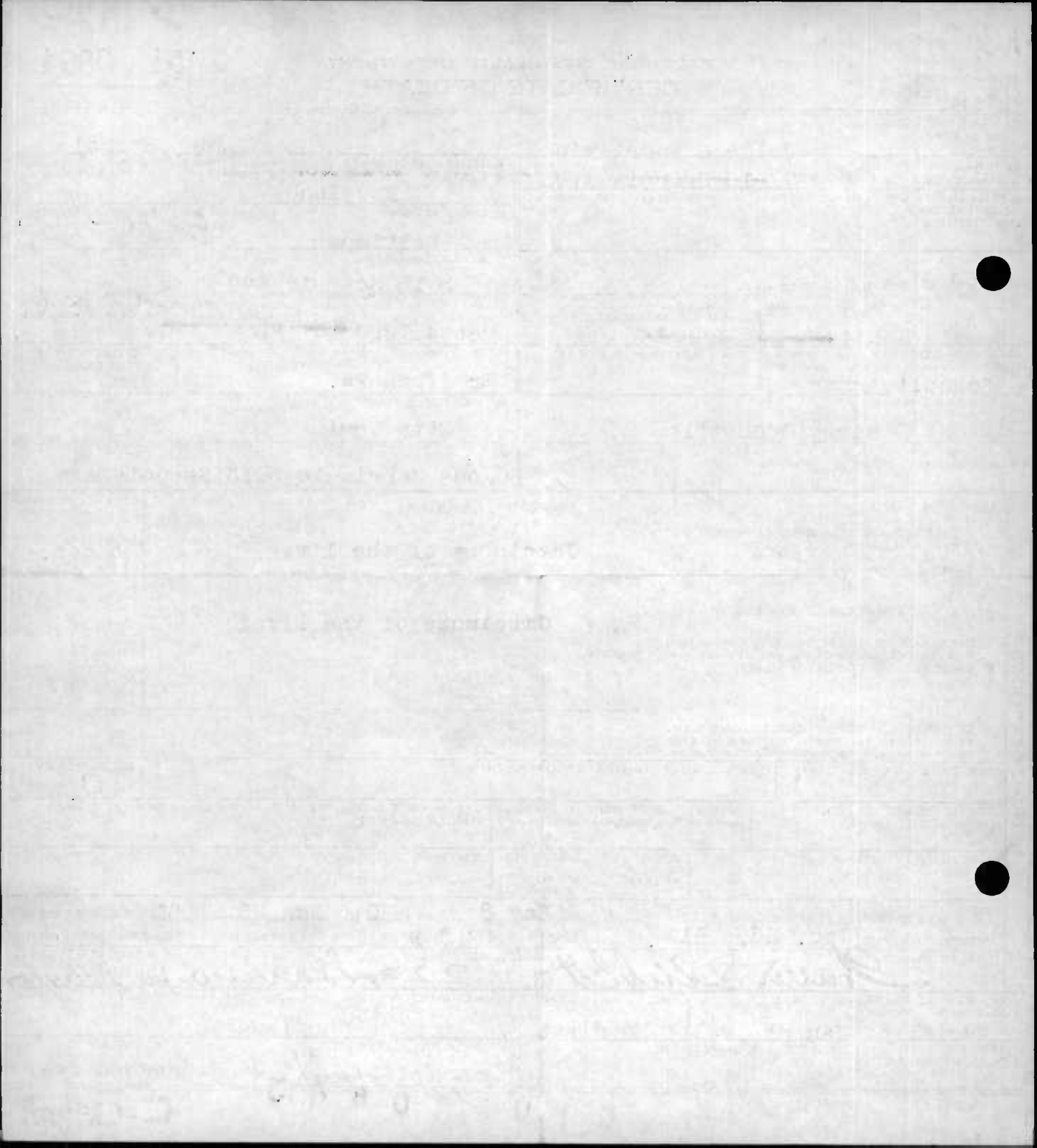
51 0864  
Registered No. \_\_\_\_\_

162  
51 0864  
BIRTH NO. \_\_\_\_\_

|   |                                  |   |  |  |  |  |  |
|---|----------------------------------|---|--|--|--|--|--|
| 1. NAME OF DECEASED<br>(Type or Print) <b>Julia C Zabriskie</b>   |                                  |   |  | 2. DATE OF DEATH <b>Jan 28 1951</b>  |  |  |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland <b>3815 Sequoia Ave</b>   |                                  |   |  | 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)<br>A. STATE <b>Maryland</b><br>B. COUNTY _____ |  |  |  |
| B. FULL NAME OF HOSPITAL OR INSTITUTION _____   |                                  |   |  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore</b>                                     |  |  |  |
| C. Length of stay in Baltimore <b>27</b> Yrs. Mos. Days   |                                  |   |  | D. STREET ADDRESS (If rural, give location)<br><b>3815 Sequoia Ave</b>   |  |  |  |
| 5. SEX<br><b>Female</b>   | 6. COLOR OR RACE<br><b>White</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b> |  | 8. DATE OF BIRTH<br><b>Oct 4 1890</b>  | 9. AGE (In years last birthday)<br><b>60</b> | If Under 1 Year Months: Days Hours: Min. |  |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Schoolteacher</b> |                                  | 10B. KIND OF BUSINESS OR INDUSTRY _____                           |  | 11. BIRTHPLACE (State or foreign country)<br><b>Bradford Pa.</b>   |  | 12. CITIZEN OF WHAT COUNTRY? _____       |  |
| 13. FATHER'S NAME<br><b>Harry C Chattle</b>   |                                  |   |  | 14. MOTHER'S MAIDEN NAME<br><b>Etta Irwin</b>  |  |  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)   |                                  | 16. SOCIAL SECURITY NO. _____                                     |  | 17. INFORMANT ADDRESS<br><b>Eugene Zabriskie 3815 Sequoia Ave</b>  |  |  |  |

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|--|---|---|
| 18. <b>156.1</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><br>ANTECEDENT CAUSES<br><br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><br>II<br><br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | CAUSE OF DEATH<br><br>(A) <b>Carcinoma of the liver</b><br>DUE TO<br><br>(B) <b>Carcinoma of the liver</b><br>DUE TO<br><br>(C) _____ | INTERVAL BETWEEN ONSET AND DEATH<br><br><b>8 mos.</b> |
|--|---|---|

|   |   |  |   |  |  |
|---|---|--|---|--|--|
| 19A. DATE OF OPERATION <b>0</b>   |   | 19B. MAJOR FINDINGS OF OPERATION _____   |   | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |  |
| 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____  | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____           | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____ |   |  |  |
| 21D. TIME (Month) (Day) (Year) (Hour) INJURY _____  | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21F. HOW DID INJURY OCCUR? _____   |   |  |  |
| 22. I hereby certify that I attended the deceased from <b>May 8</b> , 1950 to <b>Jan 28</b> , 1951 that I last saw the deceased alive on <b>Jan. 28, 1951</b> and that death occurred at <b>3 p. m.</b> , from the causes and on the date stated above. |   |  |   |  |  |
| 23A. SIGNATURE<br><i>Harry C Chattle</i>  |   | 23B. ADDRESS<br><b>2220 Garrison Ave</b>                                       |   | 23C. DATE SIGNED<br><b>1/29/51</b>                                       |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  | 24B. DATE<br><b>Jan 31 1951</b>   | 24C. NAME OF CEMETERY OR CREMATORY<br><b>Woodlawn</b>                          | 24D. LOCATION (City, town, or county) (State)<br><b>Woodlawn Md</b> |  |  |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>JAN 29 1951</b>  |   | REGISTRAR'S SIGNATURE<br><i>Harry C Chattle</i>                                |   | FUNERAL DIRECTOR ADDRESS<br><b>4204 Ridgewood Ave</b>                    |  |



200  
0865BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 0865  
Registered No.

BIRTH NO.

|  |                                  |   |  |   |   |
|--|----------------------------------|---|--|---|---|
| 1. NAME OF DECEASED<br>(Type or Print)<br><b>Henry E. Hayes.</b>   |                                  |   | 2. DATE OF DEATH<br><b>Jan 28, 1951</b>  |   |   |
| 3. PLACE OF DEATH:<br>a. Baltimore City, Maryland  |                                  |   | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Maryland</b><br>b. COUNTY |   |   |
| b. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>24 S. Carrollton Ave</b>   |                                  |   | c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore</b>                               |   |   |
| c. Length of stay in Baltimore <b>Life</b>   |                                  |   | d. STREET ADDRESS (If rural, give location)<br><b>24 S. Carrollton Ave</b>   |   |   |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b> | 8. DATE OF BIRTH<br><b>Dec 29, 1883</b>  | 9. AGE (In years, last birthday)<br><b>67</b> | 11 Under 1 Year<br>Months Days<br>11 Under 24 Hours<br>Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Operator</b>     |                                  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Book store</b>   |   |   |
| 13. FATHER'S NAME<br><b>Gabriel Hayes</b>  |                                  |   | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.</b>   |   |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)<br><b>(Yes, oo or unknown)</b> |                                  |   | 16. SOCIAL SECURITY NO.  |   |   |
| 17. INFORMANT<br><b>Lula A. Hayes</b>  |                                  |   | ADDRESS<br><b>24 S. Carrollton Ave.</b>  |   |   |

|  |  |  |
|--|--|--|
| 18. <b>480X</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Iolan Pneumonia</b><br>DUE TO<br><b>Influenza</b><br>DUE TO<br><b>(C)</b> | CAUSE OF DEATH<br><b>Iolan Pneumonia</b><br><b>Influenza</b><br><b>(C)</b> | INTERVAL BETWEEN ONSET AND DEATH<br><b>7 days</b><br><b>7 days</b> |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  |  |  |

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 19A. DATE OF OPERATION<br><b>Jan 27 1951</b>  |  | 19B. MAJOR FINDINGS OF OPERATION   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)  |  | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)                            |  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)            |  |
| 21D. TIME (Month) (Day) (Year) (Hour) INJURY  |  | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> |  | 21F. HOW DID INJURY OCCUR?  |  |
| 22. I hereby certify that I attended the deceased from <b>Jan 27 1951</b> , to <b>Jan 28 1951</b> , that I last saw the deceased alive on <b>Jan 28 1951</b> , and that death occurred at <b>1:30 p. m.</b> from the causes and on the date stated above. |  |  |  |   |  |
| 23A. SIGNATURE<br><b>C. B. Melton</b>   |  | 23B. ADDRESS<br><b>7779 Guilman St.</b>  |  | 23C. DATE SIGNED<br><b>1/29/51</b>  |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |  | 24B. DATE<br><b>Jan 31/51</b>  |  | 24C. NAME OF CEMETERY OR CREMATORY<br><b>West Liberty</b>                           |  |
| 24D. LOCATION (City, town, or county) (State)<br><b>Balto Co, Md</b>  |  | 25. FUNERAL DIRECTOR<br><b>Austin E. Donovan</b>   |  |   |  |
| DATE RECEIVED BY<br><b>JAN 29 1951</b>  |  | REGISTRAR'S SIGNATURE<br><b>William H. Williams</b>  |  | ADDRESS<br><b>3818 Roland Ave</b>   |  |

28064000864

33a

To: Whittle

1279 William St.



300  
51 0866BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 0866  
Registered No.

|  |                                  |  |   |   |  |
|--|----------------------------------|--|---|---|--|
| BIRTH NO.  |                                  | 1. NAME OF DECEASED<br>(Type or Print) <i>Anna S. Wood</i>   |   | 2. DATE OF DEATH <i>Jan 27-1951</i>   |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland <i>7 S Fulton Ave</i>  |                                  | 4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)<br>A. STATE <i>Maryland</i> B. COUNTY <i>19-04</i> |   |   |  |
| B. FULL NAME OF HOSPITAL OR INSTITUTION  |                                  | C. CITY OR TOWN (If outside corporate limits, write FULL and give township)<br><i>Baltimore</i>  |   |   |  |
| C. Length of stay in Baltimore <i>Unknown</i>  |                                  | D. STREET ADDRESS (If rural, give location)<br><i>7 S Fulton Ave</i>   |   |   |  |
| 5. SEX<br><i>Female</i>  | 6. COLOR OR RACE<br><i>White</i> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><i>Widow</i>  | 8. DATE OF BIRTH<br><i>July 22-1862</i> | 9. AGE (In years last birthday)<br><i>88</i>  |  |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><i>Housewife</i>  |                                  | 10B. KIND OF BUSINESS OR INDUSTRY<br><i>at home</i>  |   | 11. BIRTHPLACE (State or foreign country)<br><i>Unknown</i>                         |  |
| 12. CITIZEN OF WHAT COUNTRY?   |                                  | 13. FATHER'S NAME<br><i>Unknown</i>  |   |   |  |
| 14. MOTHER'S MAIDEN NAME<br><i>Unknown</i>   |                                  | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)<br><i>—</i>  |   |   |  |
| 16. SOCIAL SECURITY NO.<br><i>—</i>  |                                  | 17. INFORMANT ADDRESS<br><i>Mrs. Pedone 7-S. Fulton Ave</i>  |   |   |  |
| 18. <i>794x</i><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><i>Terminal Bronchopneumonia</i><br>DUE TO<br>ANTECEDENT CAUSES<br><i>Senility</i><br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><br>II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. |                                  | CAUSE OF DEATH<br>(A) <i>Terminal Bronchopneumonia</i><br>DUE TO<br>(B) <i>Senility</i><br>DUE TO<br>(C) <i>—</i>                        |   | INTERVAL BETWEEN ONSET AND DEATH<br><i>1 wk.</i>                                    |  |
| 19A. DATE OF OPERATION<br><i>0</i>   |                                  | 19B. MAJOR FINDINGS OF OPERATION   |   | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)   |                                  | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)  |   | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)            |  |
| 21D. TIME (Month) (Day) (Year) (Hour) INJURY   |                                  | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                                |   | 21F. HOW DID INJURY OCCUR?  |  |
| 22. I hereby certify that I attended the deceased from <i>Dec. 25, 1950</i> to <i>Jan 26, 1951</i> that I last saw the deceased alive on <i>Jan. 26, 1951</i> , and that death occurred at <i>11:30 A.M.</i> the causes and on the date stated above.  |                                  |  |   |   |  |
| 23A. SIGNATURE<br><i>Albert Kermisch</i>   |                                  | 23B. ADDRESS<br><i>1934 Wilkens Av.</i>  |   | 23C. DATE SIGNED<br><i>Jan. 28, 1951</i>  |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><i>Burial</i>   |                                  | 24B. DATE<br><i>Jan 30-1951</i>  |   | 24C. NAME OF CEMETERY OR CREMATORY<br><i>Gord Sheppard</i>                          |  |
| 24D. LOCATION (City, town, or county) (State)<br><i>Howard &amp; Md</i>  |                                  | 24E. DATE RECEIVED BY LOCAL REGISTRAR<br><i>Jan 29 1951</i>  |   | 24F. REGISTRAR'S SIGNATURE<br><i>William Williams, M.D.</i>                         |  |
| 24G. FUNERAL DIRECTOR<br><i>Geo. L. Beyers</i>   |                                  | 24H. ADDRESS<br><i>1512 Hollins St</i>   |   | 24I. VS 150   |  |

1951 020086 Balo. 23 md 107

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CERTIFICATE OF DEATH



2000

250  
JL - 145359  
1 0867  
BIRTH NO.

WASSON  
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 0867

|   |                                  |   |  |   |   |
|---|----------------------------------|---|--|---|---|
| 1. NAME OF DECEASED<br>(Type or Print) <b>Melvin Ellsworth Wasson</b>   |                                  |   | 2. DATE OF DEATH <b>1-25-51</b>  |   |   |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland   |                                  |   | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>Ma.</b><br>B. COUNTY <b>X</b> |   |   |
| 5. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR <b>Baltimore City Hospitals</b><br>INSTITUTION <b>4940 Eastern Ave.</b> |                                  |   | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore</b> <b>26-36</b>                      |   |   |
| 6. Length of stay in Baltimore <b>57 yrs.</b>   |                                  |   | D. STREET ADDRESS (If rural, give location)<br><b>1315 Tennant Way-24</b>  |   |   |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>unknown -</b> | 8. DATE OF BIRTH<br><b>Nov. 7, 1893</b>  |   | 9. AGE (In years last birthday)<br><b>57</b>              |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>UNEMPLOYED</b>  |                                  |   | 10B. KIND OF BUSINESS OR INDUSTRY  |   | 11. BIRTHPLACE (State or foreign country)<br><b>N. Y.</b> |
| 13. FATHER'S NAME<br><b>Andrew J. Wasson</b>  |                                  |   | 14. MOTHER'S MAIDEN NAME<br><b>Hattie E. Alger</b>   |   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)<br><b>YES</b>  |                                  | 16. SOCIAL SECURITY NO.   |  | 17. INFORMANT ADDRESS<br><b>B. C. H. Records, 4940 Eastern Ave.</b> |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)<br><b>WORLD WAR-I-</b>   |                                  |   |  |   |   |

|   |  |   |
|---|--|---|
| 18. <b>253.1</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Coronary Thrombosis - secondary to grand Mal Convulsion</b> | CAUSE OF DEATH<br>(A) <b>Coronary Thrombosis - secondary to grand Mal Convulsion</b><br>DUE TO<br>(B)<br>DUE TO<br>(C)<br> | INTERVAL BETWEEN ONSET AND DEATH<br><b>10 Min</b> |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   |  |   |

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| 19A. DATE OF OPERATION <b>0</b>  |  | 19B. MAJOR FINDINGS OF OPERATION  |  | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |  |
| 21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>  |  | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)                 |  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)            |  |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  |  | 21E. INJURY OCCURRED<br>WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/> |  | 21F. HOW DID INJURY OCCUR?  |  |
| 22. I hereby certify that I attended the deceased from <b>Jan. 25</b> , 1951, to <b>Jan. 25</b> , 1951, that I last saw the deceased alive on <b>Jan. 25</b> , 1951, and that death occurred at <b>3.10 PM</b> from the causes and on the date stated above. |  |   |  |   |  |
| 23A. SIGNATURE<br><b>R. L. Poyen</b><br>M. O.  |  | 23B. ADDRESS<br><b>4940 Eastern Ave.</b>  |  | 23C. DATE SIGNED<br><b>1-26-51</b>  |  |

|  |  |   |  |
|--|--|---|--|
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> | 24B. DATE<br><b>Jan 29-51</b>                          | 24C. NAME OF CEMETERY OR CREMATORY<br><b>Baltimore National</b> | 24D. LOCATION (City, town or county) (State)<br><b>Balt Md -</b> |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>JAN 29 1951</b>     | REGISTRAR'S SIGNATURE<br><b>William Williams, M.D.</b> | 25. FUNERAL DIRECTOR ADDRESS<br><b>Ellsworth Annacost</b>       |  |

1951 0200 5148 Surgeon Oak Ave 94a

MEDICAL CERTIFICATION

2-Transcript

NOT A MINER'S CASE  
*[Signature]*  
M.D.  
CHIEF OR ASST. MEDICAL EXAMINER

April 3, 1914

Transcript of Proceedings

12-12

620  
0868

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 0868

|  |                       |   |                                       |
|--|-----------------------|---|---------------------------------------|
| 1. NAME OF DECEASED<br>(Type or Print)   |                       | 2. DATE OF DEATH  |                                       |
| HERMINE SUSANNAH MORCK   |                       | 1-27-57   |                                       |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland  |                       | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE MD. |                                       |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)<br>University Hosp. |                       | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br>Baltimore, Md.        |                                       |
| D. STREET ADDRESS (If rural, give location)<br>1014 Lyndhurst St   |                       | E. LENGTH OF STAY IN BALTIMORE 22   |                                       |
| 5. SEX<br>F  | 6. COLOR OR RACE<br>W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)   | 8. DATE OF BIRTH<br>17 July 1890      |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Housewife |                       | 10B. KIND OF BUSINESS OR INDUSTRY<br>at home  | 9. AGE (In years last birthday)<br>60 |
| 13. FATHER'S NAME<br>George Dieblich   |                       | 11. BIRTHPLACE (State or foreign country)<br>New York City  |                                       |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)<br>No                                   |                       | 12. CITIZEN OF WHAT COUNTRY?<br>USA   |                                       |
| 16. SOCIAL SECURITY NO.  |                       | 14. MOTHER'S MAIDEN NAME<br>Wilhelmina Borneman   |                                       |
| 17. INFORMANT<br>Charles S. Fitz   |                       | ADDRESS<br>3612 Langford Rd   |                                       |

|   |  |                                  |
|---|--|----------------------------------|
| 18. 155X<br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br>CAUSE OF DEATH<br>(A) Carcinoma, anaplastic of vulva<br>DUE TO<br>(B) metastasis to liver<br>(C) Uremia |  | INTERVAL BETWEEN ONSET AND DEATH |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  |  |                                  |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   |  |                                  |

|  |   |   |  |  |  |
|--|---|---|--|--|--|
| 19A. DATE OF OPERATION<br>1-16-57  |   | 19B. MAJOR FINDINGS OF OPERATION<br>Carcinoma & metastasis                  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |  |
| 21A. ACCIDENT WAS UNDER-<br>LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/><br>CAUSE OF DEATH  | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                  | 21C. WHERE DID INJURY OCCUR?<br>(If in Baltimore City, give exact location) |  |  |  |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  | 21E. INJURY OCCURRED<br>WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK | 21F. HOW DID INJURY OCCUR?  |  |  |  |
| 22. I hereby certify that I attended the deceased from 1-13-57, 19__, to 1-27-57, 19__, that I last saw the deceased alive on 1-27-57, 19__, and that death occurred at 3:55 P.m., from the causes and on the date stated above. |   |   |  |  |  |
| 23A. SIGNATURE<br>J. J. Gray M.D.  |   | 23B. ADDRESS<br>Univ. Hosp Balto  |  | 23C. DATE SIGNED<br>1-27-57  |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial  | 24B. DATE<br>1/30/51  | 24C. NAME OF CEMETERY OR CREMATORY<br>Mt. Olivet Cem.                       |  | 24D. LOCATION (City, town, or county) (State)<br>Balto. & Md.            |  |
| DATE RECEIVED BY LOCAL REGISTRAR<br>JAN 29 1951  |   | REGISTRAR'S SIGNATURE<br>Huntington Williams, M.D.                          |  | 25. FUNERAL DIRECTOR'S ADDRESS<br>J. M. J. Schenker & Sons - Balto       |  |

MEDICAL CERTIFICATION

RECEIVED

RECEIVED

VALLEY

COMMUNITY

BOND

1000000

U.S.A.

1971

1971

1971



453  
51 0859

REA-145307  
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0859  
Registered No.

|   |                                  |  |   |
|---|----------------------------------|--|---|
| 1. NAME OF DECEASED<br>(Type or Print) <b>Luther Calvin Valentine</b>   |                                  | 2. DATE OF DEATH <b>Jan. 26, 1951</b>  |   |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland   |                                  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>Maryland</b><br>B. COUNTY |   |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)<br><b>Baltimore City Hospitals</b><br><b>4940 Eastern Avenue</b> |                                  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore</b>                               |   |
| D. STREET ADDRESS (If rural, give location)<br><b>1301 Linden Avenue</b>  |                                  | E. LENGTH OF STAY IN BALTIMORE <b>Life</b>   |   |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Divorced</b>   | 8. DATE OF BIRTH<br><b>April 13, 1905</b> |
| 9. AGE (In years last birthday)<br><b>45</b>  |                                  | 10. UNDER 1 Year Months: Days  | 11. UNDER 24 Hours Hours: Min.            |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Plumber</b>   |                                  | 10B. KIND OF BUSINESS OR INDUSTRY<br><b>Plumbing</b>   |   |
| 11. BIRTHPLACE (State or foreign country)<br><b>Maryland</b>  |                                  | 12. CITIZEN OF WHAT COUNTRY?   |   |
| 13. FATHER'S NAME<br><b>Brandin H. Valentine</b>  |                                  | 14. MOTHER'S MAIDEN NAME<br><b>Lilly Wheeler</b>   |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)  |                                  | 16. SOCIAL SECURITY NO.<br><b>217-07-4984</b>  |   |
| 17. INFORMANT<br><b>Records: B. C. H. 4940 Eastern Avenue</b>   |                                  | ADDRESS  |   |

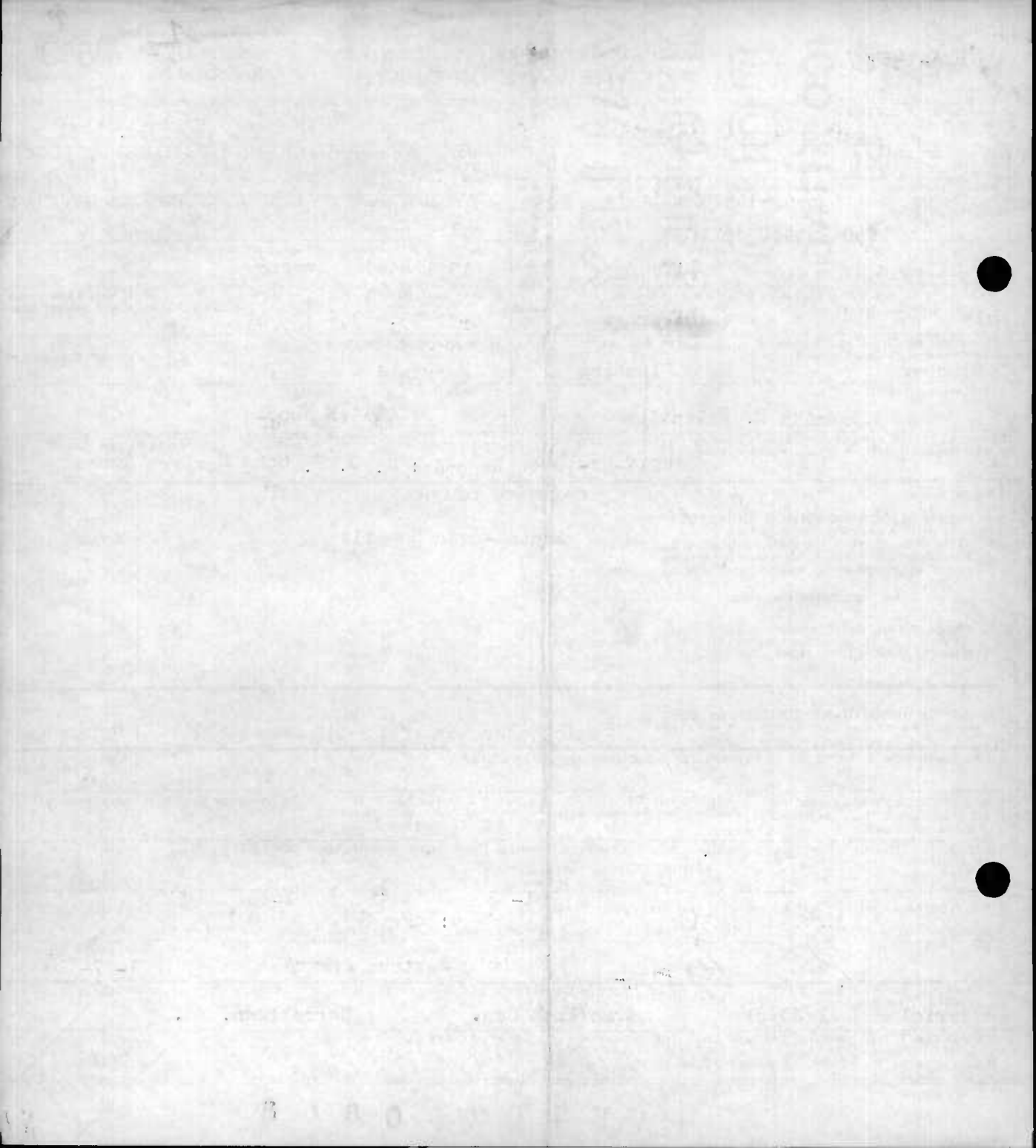
|  |  |  |
|--|--|--|
| 18. <b>583x</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Acute Toxic Hepatis</b><br>(A) DUE TO<br><b>ANTECEDENT CAUSES</b><br>(B) DUE TO<br>(C) DUE TO |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>One Month</b> |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.<br><b>Toxic Nephrosis</b>  |  | <b>Unknown</b>                                       |

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 19A. DATE OF OPERATION <b>1-23</b>  |  | 19B. MAJOR FINDINGS OF OPERATION   |  | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |  |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>  |  | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)              |  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)            |  |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY   |  | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21F. HOW DID INJURY OCCUR?  |  |
| 22. I hereby certify that I attended the deceased from <b>1-23</b> , 19 <b>51</b> , to <b>1-26</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>1-26</b> , 19 <b>51</b> , and that death occurred at <b>7:55 P. M.</b> , from the causes and on the date stated above. |  |  |  |   |  |
| 23A. SIGNATURE<br><b>P. S. Cohen</b><br>M. O.   |  | 23B. ADDRESS<br><b>4940 Eastern Avenue</b>   |  | 23C. DATE SIGNED<br><b>1-27-51</b>  |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |  | 24B. DATE<br><b>1/30/51</b>  |  | 24C. NAME OF CEMETERY OR CREMATORY<br><b>Carrollton Cem.</b>                        |  |
| 24D. LOCATION (City, town, or county) (State)<br><b>Carrollton, Md.</b>   |  | 25. FUNERAL DIRECTOR<br><b>Thm. J. Lickner &amp; Sons</b>  |  | ADDRESS<br><b>Balto. Md.</b>  |  |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>JAN 29 1951</b>  |  | REGISTRAR'S SIGNATURE<br><b>William H. Williams</b>  |  | VS 150  |  |

MEDICAL CERTIFICATION

1 584 129 0 0 0 8 6 0 125B





400  
0870BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 0870  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Blanche Bailey

2. DATE  
OF  
DEATH

Jan 26, 1957

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

2405 Lema Luma Road.

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 2530

D. STREET ADDRESS (If rural, give location)

2405 Lema Luma Road

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Housewife

13. FATHER'S NAME

Henry Hooster

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

None

17. INFORMANT

ADDRESS

Dorothy Bailey Smith 554 N. 162nd St. N.Y.

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Arterio-sclerotic Heart Disease

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 28, 1948 to Jan 25, 1957, that I last saw the deceased alive on Jan 25, 1957, and that death occurred at 9:00 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Renold Blighston

M. D.

23B. ADDRESS

501 Cherry Hill Road

23C. DATE SIGNED

1/26/57

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

1-30-57

24C. NAME OF CEMETERY OR CREMATORY

Mt Auburn

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

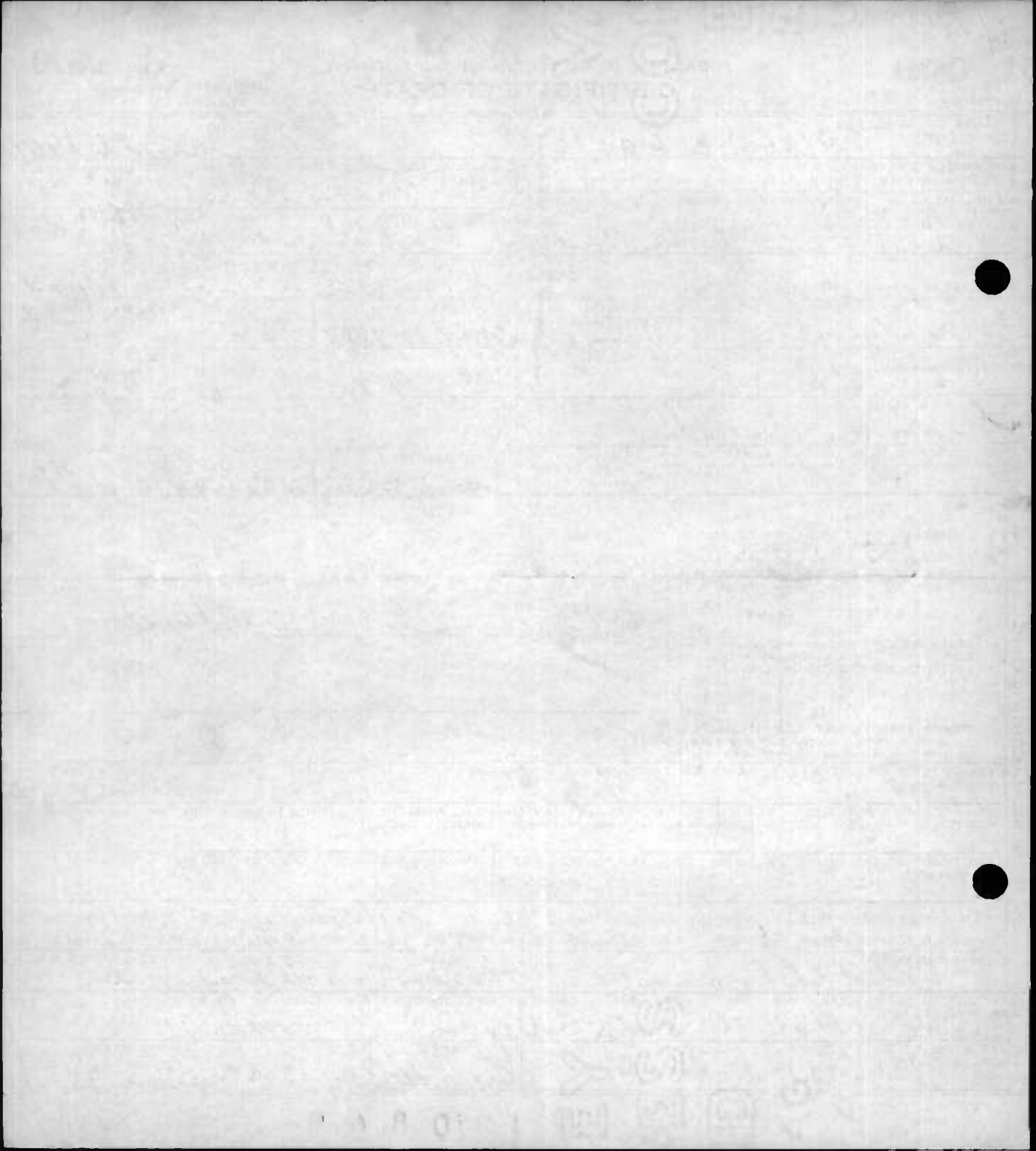
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

H. G. Nelson 1303 Presbiterian St.



126

51 0871

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 0871

|   |                                  |   |  |   |   |
|---|----------------------------------|---|--|---|---|
| BIRTH NO.   |                                  | 1. NAME OF DECEASED<br>(Type or Print) <i>Guy S. Spiker</i>   |  | 2. DATE OF DEATH<br><i>1.26.51.</i>   |   |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland <i>Doct. Hospital</i>   |                                  | 4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)<br>A. STATE <i>Maryland</i> B. COUNTY |  |   |   |
| B. FULL NAME OF HOSPITAL OR INSTITUTION<br><i>Doctors Hospital</i>  |                                  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><i>Baltimore</i>                            |  |   |   |
| D. LENGTH OF STAY IN BALTIMORE<br><i>35 years</i>   |                                  | D. STREET ADDRESS (If rural, give location)<br><i>4205 Frankfort Ave</i>  |  |   |   |
| 5. SEX<br><i>male</i>   | 6. COLOR OR RACE<br><i>white</i> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><i>married</i>   | 8. DATE OF BIRTH<br><i>MARCH 5, 1895</i> | 9. AGE (In years last birthday)<br><i>55</i>  | 10. UNDER 1 YEAR<br>Months: Days: Hours: Min. |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)<br><i>machinist</i>   |                                  | 10B. KIND OF BUSINESS OR INDUSTRY<br><i>Beck Steel Co.</i>  |  | 11. BIRTHPLACE (State or foreign country)<br><i>West Virginia</i>                   |   |
| 12. CITIZEN OF WHAT COUNTRY?  |                                  | 13. FATHER'S NAME<br><i>Isaac M. Spiker</i>   |  | 14. MOTHER'S MAIDEN NAME<br><i>Catherine Bradford</i>                               |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)  |                                  | 16. SOCIAL SECURITY NO.<br><i>213-07-5899</i>   |  | 17. INFORMANT ADDRESS<br><i>Mr. Olga Spiker 4205 Frankfort Ave</i>                  |   |
| 18. <i>420.1</i> CAUSE OF DEATH   |                                  |   |  |   |   |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><i>Coronary Occlusion</i>                 |                                  |   |  |   |   |
| DUE TO (A)  |                                  |   |  |   |   |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><i>Coronary Vascular Land Disease</i>   |                                  |   |  |   |   |
| DUE TO (B)  |                                  |   |  |   |   |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.<br>(C)  |                                  |   |  |   |   |
| 19A. DATE OF OPERATION<br><i>1.29.51</i>  |                                  | 19B. MAJOR FINDINGS OF OPERATION  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |   |
| 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)  |                                  | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                                    |  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)            |   |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY   |                                  | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                   |  | 21F. HOW DID INJURY OCCUR?  |   |
| 22. I hereby certify that I attended the deceased from <i>1.26.51</i> , to <i>1.26.51</i> , that I last saw the deceased alive on <i>1.26.51</i> , and that death occurred at <i>6:20</i> am, from the causes and on the date stated above. |                                  |   |  |   |   |
| 23A. SIGNATURE<br><i>Unibel J. Crawford</i>   |                                  | 23B. ADDRESS<br><i>5407 Belair Rd</i>   |  | 23C. DATE SIGNED<br><i>1-26-51</i>  |   |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><i>Burial</i>  |                                  | 24B. DATE<br><i>1/29/51</i>   |  | 24C. NAME OF CEMETERY OR CREMATORY<br><i>Parkwood Cem</i>                           |   |
| 24D. LOCATION (City, town, or county) (State)<br><i>Bald Md</i>   |                                  | 25. FUNERAL DIRECTOR<br><i>Leonard J. Kuch</i>  |  | ADDRESS<br><i>5305 Laurel Rd</i>  |   |
| DATE RECEIVED BY LOCAL REGISTRAR<br><i>JAN 29 1951</i>  |                                  | REGISTRAR'S SIGNATURE<br><i>Christington Williams, M.D.</i>   |  | 25. FUNERAL DIRECTOR ADDRESS<br><i>5305 Laurel Rd</i>                               |   |

MEDICAL CERTIFICATION

VS 150

145548340870

131a

STATE OF NEW YORK  
OFFICE OF THE ATTORNEY GENERAL

IN SENATE,  
January 1, 1900.

REPORT  
OF THE

COMMISSIONERS OF THE LAND OFFICE

FOR THE YEAR 1899.

ALBANY:

J. B. LEECH, STATE PRINTER.

1900.

NEW YORK:

W. H. BROWN, STATE PRINTER.

1900.

ALBANY:

J. B. LEECH, STATE PRINTER.

1900.

NEW YORK:

W. H. BROWN, STATE PRINTER.

1900.

ALBANY:

J. B. LEECH, STATE PRINTER.

1900.

|   |                                  |   |  |  |  |
|---|----------------------------------|---|--|--|--|
| 1. NAME OF DECEASED<br>(Type or Print) <u>Hilda Marie Tingle</u>  |                                  |   | 2. DATE OF DEATH <u>JAN 28, 1951</u>   |  |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland <u>Rec R. - Hal 7</u>   |                                  |   | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <u>DELAWARE</u> B. COUNTY <u>Sussex</u> - 07 |  |  |
| B. FULL NAME OF HOSPITAL OR INSTITUTION <u>JONES HOPKINS HOSPITAL</u>   |                                  |   | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><u>DAGSBORO</u>  |  |  |
| C. Length of stay in Baltimore  |                                  |   | D. STREET ADDRESS (If rural, give location)<br><u>Rural Rt R.D. 2.</u>   |  |  |
| 5. SEX<br><u>FEMALE</u>   | 6. COLOR OR RACE<br><u>White</u> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><u>MARRIED</u> | 8. DATE OF BIRTH<br><u>2-15-16 17</u>  |  | 9. AGE (In years last birthday)<br><u>34 33</u>              |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housework</u>       |                                  |   | 10B. KIND OF BUSINESS OR INDUSTRY  |  | 11. BIRTHPLACE (State or foreign country)<br><u>Delaware</u> |
| 13. FATHER'S NAME<br><u>Wm. G. Steen</u>  |                                  |   | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.</u>  |  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)<br><u>No</u> |                                  |   | 16. SOCIAL SECURITY NO.<br><u>None</u>   |  |  |
| 14. MOTHER'S MAIDEN NAME<br><u>Lizzia A. Bunting</u>  |                                  |   | 17. INFORMANT ADDRESS<br><u>JONES HOPKINS HOSPITAL</u><br><u>Horace Tingle, Dagsboro, Delaware.</u>  |  |  |

|   |  |                                  |
|---|--|----------------------------------|
| 18. <u>330X</u><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><u>Respiratory failure</u> |  | INTERVAL BETWEEN ONSET AND DEATH |
| DUE TO (A) <u>Respiratory failure</u>   |  |                                  |
| DUE TO (B) <u>Subarachnoid hemorrhage</u>   |  |                                  |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><u>intercranial aneurysm</u>  |  |                                  |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   |  |                                  |

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| 19A. DATE OF OPERATION <u>0</u>  |  | 19B. MAJOR FINDINGS OF OPERATION  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |  |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>   |  | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                  |  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) |  |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  |  | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21F. HOW DID INJURY OCCUR?   |  |
| 22. I hereby certify that I attended the deceased from <u>1-27-1951</u> , to <u>1-28-1951</u> , that I last saw the deceased alive on <u>1-28-1951</u> , and that death occurred at <u>6:30 p.m.</u> , from the causes and on the date stated above. |  |   |  |  |  |
| 23A. SIGNATURE<br><u>[Signature]</u>   |  | 23B. ADDRESS<br><u>JONES HOPKINS HOSPITAL</u>   |  | 23C. DATE SIGNED   |  |

|   |  |   |  |  |  |   |  |
|---|--|---|--|--|--|---|--|
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Removal</u> |  | 24B. DATE<br><u>1/29/51</u>                 |  | 24C. NAME OF CEMETERY OR CREMATORY             |  | 24D. LOCATION (City, town, or county) (State)<br><u>Millstone, Delaware</u> |  |
| DATE RECEIVED BY LOCAL REGISTRAR<br><u>JAN 29 1951</u>      |  | REGISTRAR'S SIGNATURE<br><u>[Signature]</u> |  | 25. FUNERAL DIRECTOR<br><u>Leonard J. Ruck</u> |  | ADDRESS<br><u>5305 Bay Rd</u>   |  |



1. *Aspergillus* *glucosus*  
2. *Aspergillus* *glucosus*  
3. *Aspergillus* *glucosus*



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. 51 0873

51 0873

|   |  |   |  |
|---|--|---|--|
| 1. NAME OF DECEASED<br>(Type or Print) <b>WILLIAM 7 Whelchel</b>  |  | 2. DATE OF DEATH <b>January 24, 1951</b>  |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland   |  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>Maryland</b><br>B. COUNTY <b>17-03</b> |  |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)<br><b>South Baltimore General Hospital</b> |  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore</b>  |  |
| D. STREET ADDRESS (If rural, give location)<br><b>813 N. Fremont Street Ave.</b>  |  | E. LENGTH OF STAY IN BALTIMORE<br>Yrs. <b>0</b> Mos. <b>0</b> Days <b>0</b>   |  |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>Colored</b>                     | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b>   | 8. DATE OF BIRTH<br><b>May 30, 1917</b>      |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Laborer</b>                   |  | 10B. KIND OF BUSINESS OR INDUSTRY<br><b>Rubber Heel Factory</b>   | 9. AGE (In years last birthday)<br><b>33</b> |
| 11. BIRTHPLACE (State or foreign country)<br><b>La.</b>   |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>   |  |
| 13. FATHER'S NAME<br><b>Elonn Whelchel</b>  |  | 14. MOTHER'S MAIDEN NAME<br><b>Fannie Austin</b>  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)<br><b>Yes</b>   | (If yes, give war or dates of service)<br><b>WW II</b> | 16. SOCIAL SECURITY NO.   | 17. INFORMANT<br><b>Josephine Whelchel</b>   |
|   |  | ADDRESS <b>813N Fremont Ave</b>   |  |

|  |  |                                  |
|--|--|----------------------------------|
| 18. <b>E916.3</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Third degree burns of entire body</b> |  | INTERVAL BETWEEN ONSET AND DEATH |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><b>(A) DUE TO</b>  |  |                                  |
| <b>(B) DUE TO</b>  |  |                                  |
| <b>(C) DUE TO</b>  |  |                                  |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  |  |                                  |

|  |  |  |  |   |
|--|--|--|--|---|
| 19A. DATE OF OPERATION <b>Jan. 24, 1951</b>  |  | 19B. MAJOR FINDINGS OF OPERATION   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.  | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)<br><b>Industrial place</b> | 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?<br><b>Holtite Manufacturing Co. Warner &amp; Ostend Streets</b>                                     |  |   |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY<br><b>Jan. 24, 1951 11:00 A.m.</b>   | 21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> - NOT WHILE AT WORK <input type="checkbox"/>  | 21F. HOW DID INJURY OCCUR?<br><b>Burned in an explosion</b>  |  |   |
| 22. I certify that I took charge of the remains described above, held an <b>Inspection &amp; Inquiry</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> . |  |  |  |   |
| 23A. SIGNATURE<br><b>William V. ...</b>  | M.D.   | 23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input checked="" type="checkbox"/> | 23C. DATE SIGNED<br><b>Jan. 25, 1951</b>                           |   |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 24B. DATE<br><b>1-29-51</b>  | 24C. NAME OF CEMETERY OR CREMATORY<br><b>Balto. National</b>   | 24D. LOCATION (City, town, or county) (State)<br><b>Balto. Md.</b> |   |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>JAN 25 1951</b>   |  | REGISTRAR'S SIGNATURE<br><b>William V. ...</b>   |  |   |
|  |  | FUNERAL DIRECTOR<br><b>Wm. R. Williams &amp; Co.</b>   |  |   |
|  |  | ADDRESS <b>320 ...</b>   |  |   |



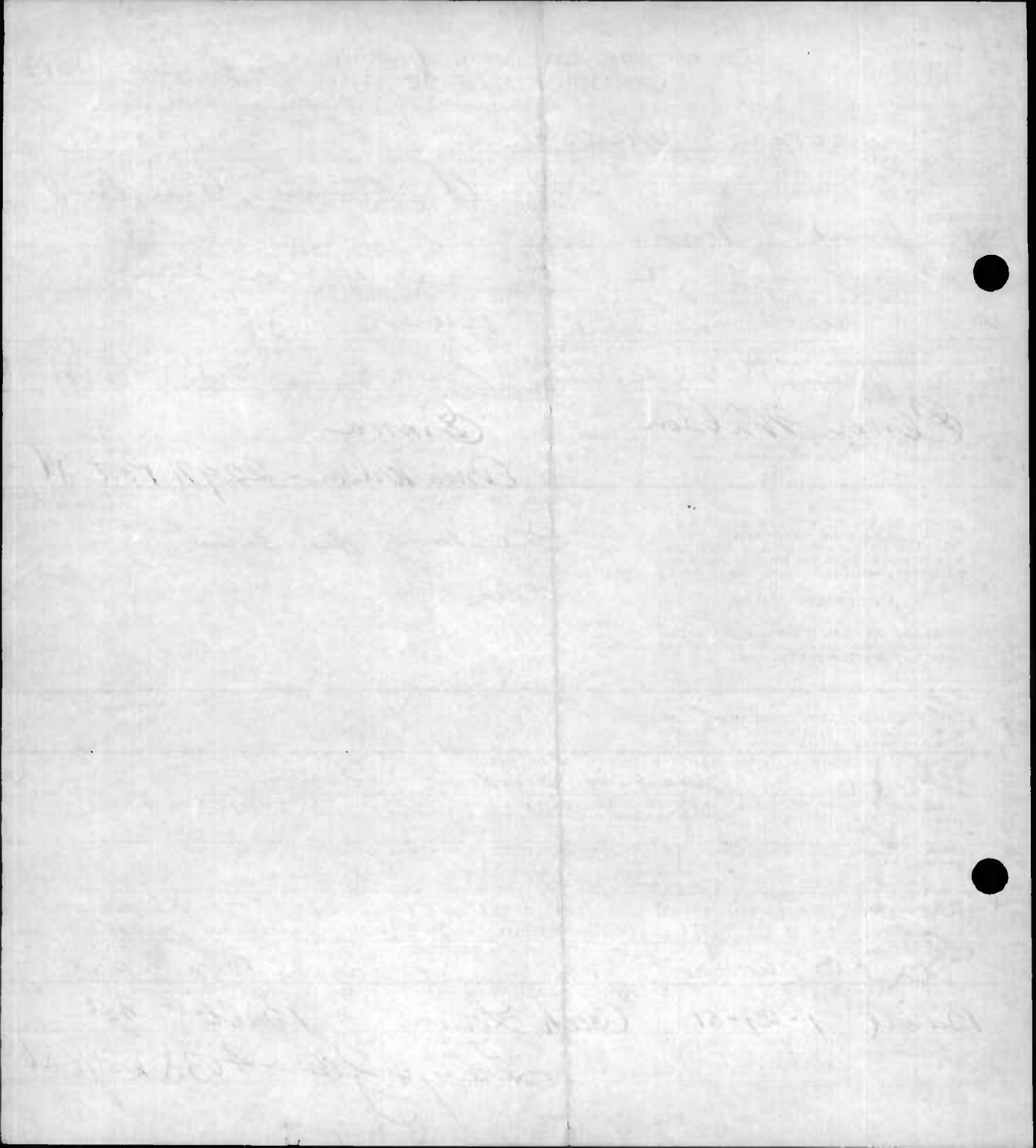
425  
1 0874BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 0874

|   |                              |   |  |
|---|------------------------------|---|--|
| 1. NAME OF DECEASED<br>(Type or Print) <i>William Wilson</i>  |                              | 2. DATE OF DEATH <i>1-25-51</i>   |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland   |                              | 4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)<br>A. STATE <i>Baltimore, Maryland</i><br>B. COUNTY <i>6-02</i> |  |
| B. FULL NAME OF HOSPITAL OR INSTITUTION<br><i>St. Joseph's Hosp.</i>  |                              | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  |  |
| Length of stay in Baltimore <i>Born here</i>  |                              | D. STREET ADDRESS (If rural, give location)<br><i>229 N. Port Street</i>  |  |
| 5. SEX<br><i>M</i>  | 6. COLOR OR RACE<br><i>W</i> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><i>married</i>   | 8. DATE OF BIRTH<br><i>12-5-12</i>           |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><i>Route - foreman</i>   |                              | 10B. KIND OF BUSINESS OR INDUSTRY<br><i>Wick Dairy</i>  | 9. AGE (In years last birthday)<br><i>38</i> |
| 11. BIRTHPLACE (State or foreign country)<br><i>Baltimore Md.</i>   |                              | 12. CITIZEN OF WHAT COUNTRY?<br><i>USA</i>  |  |
| 13. FATHER'S NAME<br><i>Blumer Wilson</i>   |                              | 14. MOTHER'S MAIDEN NAME<br><i>Erama</i>  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)  |                              | 16. SOCIAL SECURITY NO.   |  |
| 17. INFORMANT<br><i>Anna Wilson - 229 N. Port St -</i>  |                              | ADDRESS   |  |
| 18. <i>541.0</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br>CAUSE OF DEATH<br>(A) <i>Bleeding duodenal ulcer</i><br>DUE TO<br>(B) <i>ulcer</i><br>DUE TO<br>(C) <i></i><br>DUE TO<br>II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. |                              |   | INTERVAL BETWEEN ONSET AND DEATH             |
| 19A. DATE OF OPERATION<br><i>1-12-51</i>  |                              | 19B. MAJOR FINDINGS OF OPERATION<br><i>Bleeding duodenal ulcer</i>  |  |
| 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |                              |   |  |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH   |                              | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |  |
| 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)  |                              |   |  |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY   |                              | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  |
| 21F. HOW DID INJURY OCCUR?  |                              |   |  |
| 22. I hereby certify that I attended the deceased from <i>1-17-51</i> to <i>1-25-51</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>1-25-51</i> , and that death occurred at <i>7:05 pm.</i> , from the causes and on the date stated above.  |                              |   |  |
| 23A. SIGNATURE<br><i>A. A. Cleece</i>   |                              | 23B. ADDRESS<br><i>St. Joseph's Hosp</i>  |  |
| 23C. DATE SIGNED<br><i>1-25-51</i>  |                              |   |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><i>Burial</i>  |                              | 24B. DATE<br><i>1-29-51</i>   |  |
| 24C. NAME OF CEMETERY OR CREMATORY<br><i>Cork Lawn</i>  |                              | 24D. LOCATION (City, town, or county) (State)<br><i>Balto - Md</i>  |  |
| 25. FUNERAL DIRECTOR<br><i>Huntington Williams, Inc.</i>  |                              | ADDRESS<br><i>4038 Wolfe St</i>   |  |

52306800873

117B



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **51 0875**

BIRTH NO.

|  |                              |   |  |   |  |
|--|------------------------------|---|--|---|--|
| 1. NAME OF DECEASED<br>(Type or Print) <b>Joseph J. Spiegel</b>  |                              |   |  | 2. DATE OF DEATH<br><b>1/27/51</b>  |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland <b>Balto.</b>  |                              |   |  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>Md</b> B. COUNTY <b>Anne Arundel</b> |  |
| 5. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR INSTITUTE <b>Balto Harbor Pier # 8</b> |                              |   |  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Balto., Md.</b>  |  |
| 6. Length of stay in Baltimore <b>life</b>   |                              |   |  | D. STREET ADDRESS (If rural, give location)<br><b>17W. First Avenue Brooklyn Park</b>   |  |
| 5. SEX<br><b>M</b>   | 6. COLOR OR RACE<br><b>W</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>WIDOWED</b> |  | 8. DATE OF BIRTH<br><b>7-12-77</b>  | 9. AGE (In years last birthday)<br><b>73</b> |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Stationary Engineer</b>                  |                              | 10B. KIND OF BUSINESS OR INDUSTRY<br><b>Eastern Box Co</b>        |  | 11. BIRTHPLACE (State or foreign country)<br><b>Baltimore</b>   |  |
| 13. FATHER'S NAME<br><b>Valentine</b>  |                              |   |  | 12. CITIZEN OF WHAT COUNTRY?  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)                                   |                              |   |  | 14. MOTHER'S MAIDEN NAME<br><b>Margaret</b>   |  |
| 16. SOCIAL SECURITY NO.  |                              |   |  | 17. INFORMANT ADDRESS<br><b>August Speigel 212 W. Arundel Road # 25</b>   |  |

|   |   |
|---|---|
| <p>18. <b>E 7-9-8</b></p> <p align="center"><b>CAUSE OF DEATH</b></p> <p>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br/>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)</p> <p align="center"><b>(A) Drowning</b></p> <p align="right">DUE TO</p> <p>ANTECEDENT CAUSES</p> <p align="center"><b>(B)</b></p> <p align="right">DUE TO</p> <p align="center"><b>(C)</b></p> <p>II</p> <p>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</p> | <p>INTERVAL BETWEEN ONSET AND DEATH</p> |
|---|---|

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| 19A. DATE OF OPERATION <b>0</b>   |  | 19B. MAJOR FINDINGS OF OPERATION  |  | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>                      |  |
| 21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.   |  | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)<br><b>Harbor</b>                                    |  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)<br><b>Pier #8, Light Street</b> |  |
| 21D. TIME (Month) (Day) (Year) (Hour) of INJURY<br><b>and 1/27/51 4:00 P.m.</b>   |  | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>                             |  | 21F. HOW DID INJURY OCCUR?<br><b>Found drowned</b>   |  |
| 22. I certify that I took charge of the remains described above, held an <b>Autopsy</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input checked="" type="checkbox"/> . |  |   |  |  |  |
| 23A. SIGNATURE<br><b>William H. [Signature]</b>   |  | 23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR |  | 23C. DATE SIGNED<br><b>1-28-51</b>   |  |

|  |                             |  |  |
|--|-----------------------------|--|--|
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>BURIAL</b> | 24B. DATE<br><b>1-31-51</b> | 24C. NAME OF CEMETERY OR CREMATORY<br><b>Holy Redeemer</b> | 24D. LOCATION (City, town, or county) (State)<br><b>Baltimore, Md.</b> |
|--|-----------------------------|--|--|

|  |   |  |
|--|---|--|
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>JAN 29 1951</b> | REGISTRAR'S SIGNATURE<br><b>[Signature]</b> | 25. FUNERAL DIRECTOR ADDRESS<br><b>403 S. Wolfe Street</b> |
|--|---|--|

1999 X 1955 FEB 4 10 08 74 183

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

51 0876  
Registered No.

4 50  
REA 145340  
1 0876

|  |  |  |  |
|--|--|--|--|
| 1. NAME OF DECEASED<br>(Type or Print) <b>Clarence Leallen Pulliam</b>   |  | 2. DATE OF DEATH<br><b>Jan. 25, 1951</b>   |  |
| 3. PLACE OF DEATH:<br>A. <b>Baltimore City, Maryland</b>   |  | 4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)<br>A. STATE <b>Maryland</b><br>B. COUNTY |  |
| B. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location)<br><b>Baltimore City Hospitals</b><br><b>4940 Eastern Avenue</b> |  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore</b> <b>3-01</b>                   |  |
| D. STREET ADDRESS (If rural, give location)<br><b>1619 E. Lombard Street</b>   |  |  |  |
| 5. SEX<br><b>Male</b>  |  | 6. COLOR OR RACE<br><b>Negro</b>   |  |
| 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b>  |  | 8. DATE OF BIRTH<br><b>June 8, 1888</b>  |  |
| 9. AGE (In years last birthday)<br><b>62</b>   |  | 10. UNDER 1 Year Months: Days: Hours: Min.   |  |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  |  | 10B. KIND OF BUSINESS OR INDUSTRY  |  |
| 11. BIRTHPLACE (State or foreign country)<br><b>Virginia</b>   |  | 12. CITIZEN OF WHAT COUNTRY?   |  |
| 13. FATHER'S NAME<br><b>?</b>  |  | 14. MOTHER'S MAIDEN NAME<br><b>?</b>   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)  |  | 16. SOCIAL SECURITY NO.  |  |
| 17. INFORMANT<br><b>Records: B. C. H. 4940 Eastern Avenue</b>  |  | ADDRESS  |  |

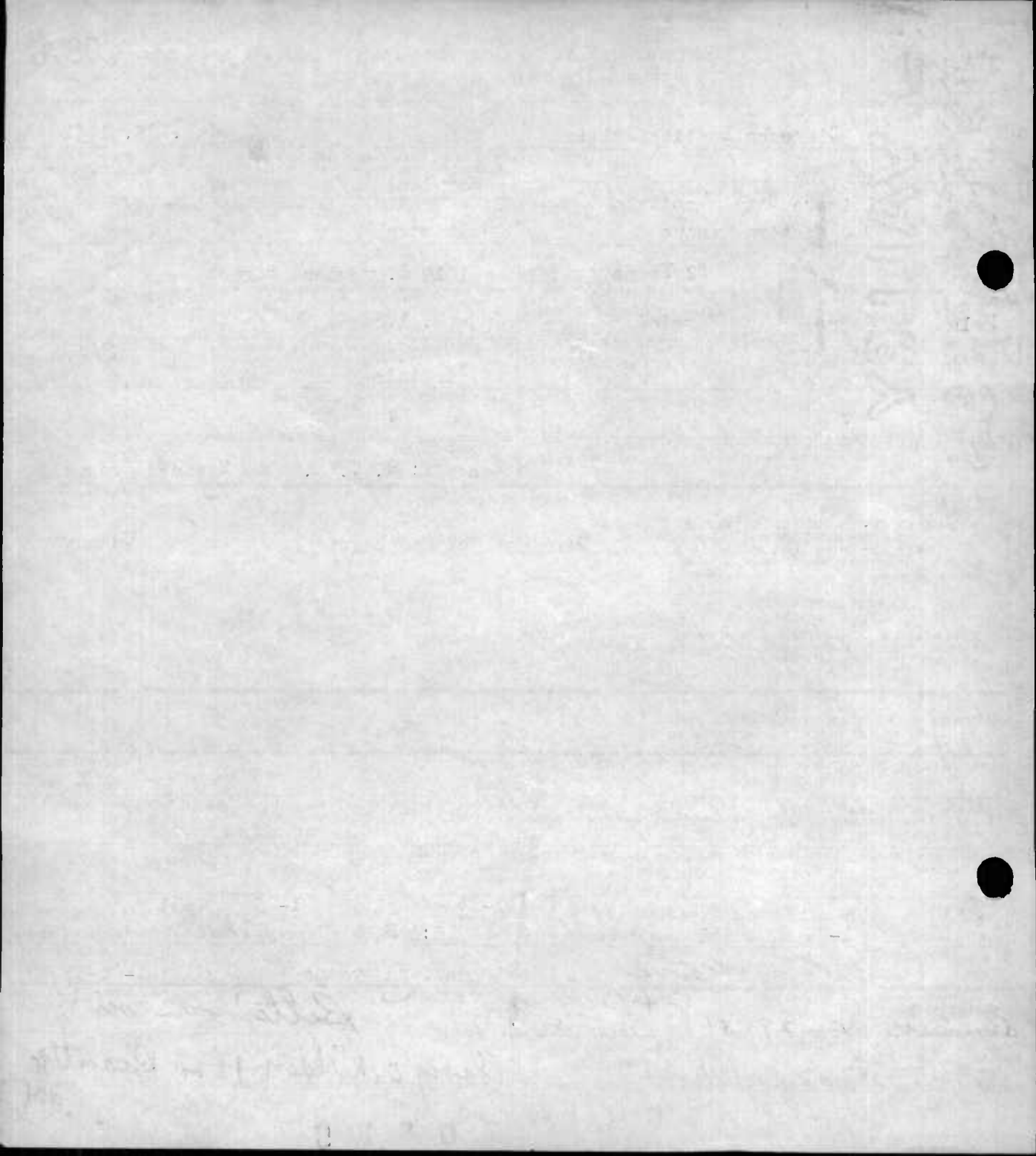
|   |  |  |
|---|--|--|
| 18. <b>150X</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>(A) Carcinoma of Esophagus</b><br>DUE TO |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>Unknown</b> |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><b>(B)</b><br><b>(C)</b>  |  |  |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   |  |  |

|  |   |  |  |   |
|--|---|--|--|---|
| 19A. DATE OF OPERATION<br><b>1-25</b>  |   | 19B. MAJOR FINDINGS OF OPERATION   |  | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)                 | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) |  |   |
| 21D. TIME (Month) (Day) (Year) (Hour) INJURY   | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21F. HOW DID INJURY OCCUR?   |  |   |
| 22. I hereby certify that I attended the deceased from <b>1-24</b> , 19 <b>51</b> to <b>1-25</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>1-25</b> , 19 <b>51</b> , and that death occurred at <b>8:20 P.M.</b> , from the causes and on the date stated above. |   |  |  |   |
| 23A. SIGNATURE<br><i>[Signature]</i>   |   | 23B. ADDRESS<br><b>4940 Eastern Avenue</b>                               |  | 23C. DATE SIGNED<br><b>1-26-51</b>  |

|  |                               |  |  |
|--|-------------------------------|--|--|
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 24B. DATE<br><b>Jan 29-51</b> | 24C. PLACE OF BURIAL OR CREMATION<br><b>Mount Airy</b>       | 24D. LOCATION (City, town, or county) (State)<br><b>Baltimore Md</b> |
| DATE RECEIVED BY REGISTRAR'S SIGNATURE<br><b>Jan 29 1951</b> |                               | 25. FUNERAL DIRECTOR<br><b>Elroy D. Wilson 1000 Beantley</b> |  |

MEDICAL CERTIFICATION





512  
01 0877

## BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No. 51 0877

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)Spencer  
Bessie Thompson2. DATE  
OF  
DEATH

Jan 28, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

JONES HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

D. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

218-09-5535

JONES HOPKINS HOSPITAL

18. 204.1

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Acute myeloid  
leucemia

DUE TO

## ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Broncho pneumonia

INTERVAL BETWEEN  
ONSET AND DEATH

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/27, 1951, to 1/28, 1951, that I last saw the  
deceased alive on 1/28, 1951, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

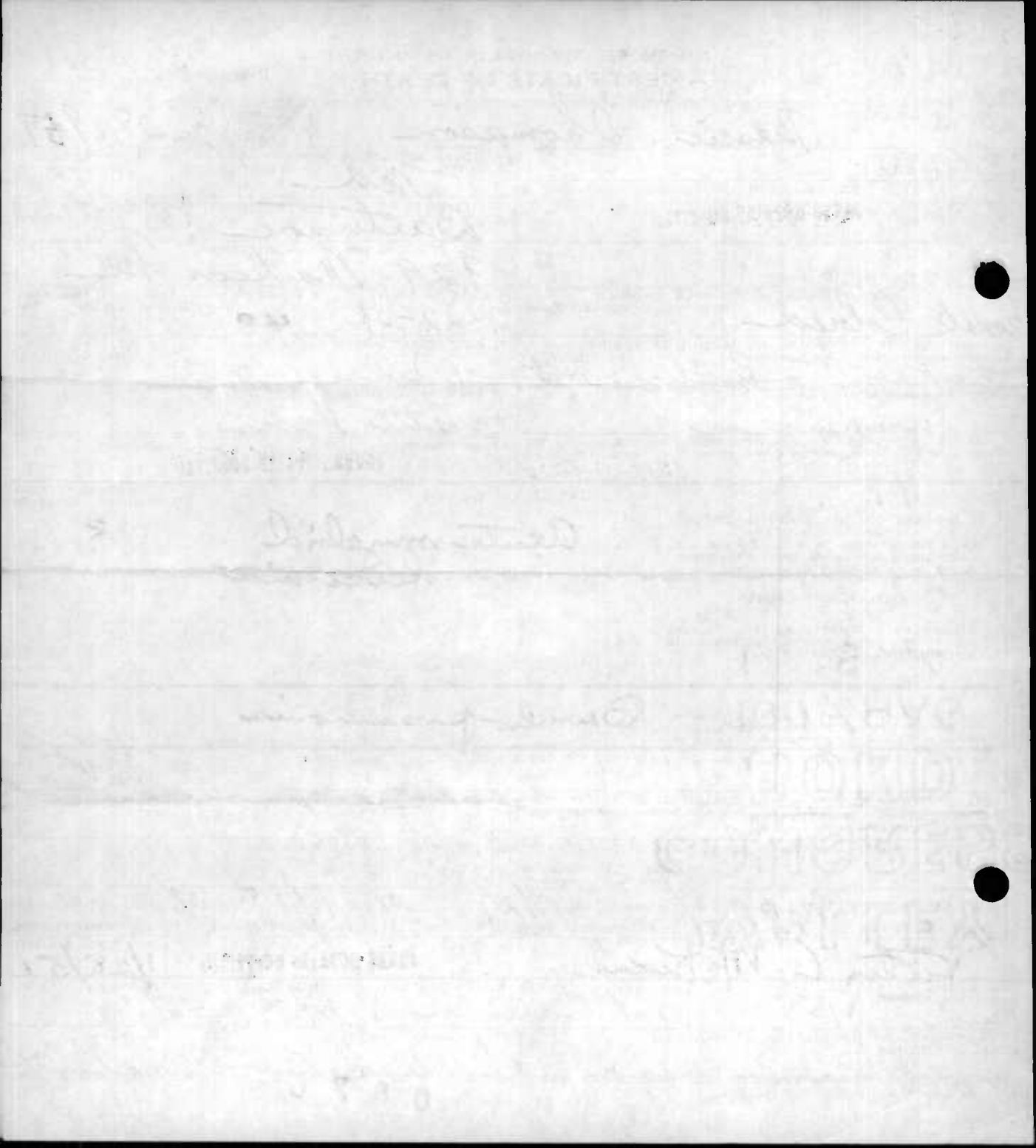
JAN 29 1951

Huntington Williams, Jr.

Charles K. Law - 802 Madison Ave

1 8 5 17503B 0 8 7 6

74a



520  
51 0878

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0878  
Registered No.

|  |   |   |  |
|--|---|---|--|
| 1. NAME OF DECEASED<br>(Type or Print) <b>JOHN WESLEY THOMAS</b>   |   | 2. DATE OF DEATH <b>January 24, 1951</b>  |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland  |   | 4. USUAL RESIDENCE (Where deceased lived, If institution : residence before admission)<br>A. STATE <b>md.</b> B. COUNTY |  |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR INSTITUTION<br><b>Provident Hospital</b> |   | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore</b> <b>16-02</b>           |  |
| 5. Length of stay in Baltimore <b>45 yrs.</b>  |   | D. STREET ADDRESS (If rural, give location)<br><b>1149 Wharton Street</b>   |  |
| 6. COLOR OR RACE<br><b>Male</b> <b>Colored</b>   | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH<br><b>Mar. 31, 1895</b>  | 9. AGE (In years last birthday) <b>55</b><br>If Under 1 Year Months: Days<br>If Under 24 Hours Hours: Min. |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>J N K r s w r</b>                          | 10B. KIND OF BUSINESS OR INDUSTRY               | 11. BIRTHPLACE (State or foreign country)<br><b>A. A. Co. Md.</b>   | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.</b>  |
| 13. FATHER'S NAME  |   | 14. MOTHER'S MAIDEN NAME  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)<br><b>World War I</b>               |   | 16. SOCIAL SECURITY NO.   |  |
| 17. INFORMANT<br><b>Joseph C. Hall, 814 N. Carey St.</b>   |   | ADDRESS   |  |

|  |  |                                  |
|--|--|----------------------------------|
| 18. <b>443X</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Hypertensive cardiovascular disease</b><br>CAUSE TO |  | INTERVAL BETWEEN ONSET AND DEATH |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br>DUE TO   |  |                                  |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  |  |                                  |

|  |   |   |
|--|---|---|
| 19A. DATE OF OPERATION   | 19B. MAJOR FINDINGS OF OPERATION  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH. | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)                 | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)            |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21F. HOW DID INJURY OCCUR?  |

I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

|   |   |  |
|---|---|--|
| 23A. SIGNATURE<br><b>William W. [Signature]</b>                 | 23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/><br>M.D. ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/><br>MEDICAL INVESTIGATOR..... <input type="checkbox"/> | 23C. DATE SIGNED<br><b>Jan. 25, 1951</b>                                 |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>      | 24B. DATE<br><b>Jan. 31, 1951</b>   | 24C. NAME OF CEMETERY OR CREMATORY<br><b>Baltimore National Cemetery</b> |
| 24D. LOCATION (City, town, or county)<br><b>Baltimore Md.</b>   | 24E. DATE RECEIVED BY LOCAL REGISTRAR<br><b>JAN 29 1951</b>   | 24F. REGISTRAR'S SIGNATURE<br><b>W. Williams, Jr.</b>                    |
| 24G. FUNERAL DIRECTOR<br><b>Charles R. Law, 822 Madison Ave</b> | 24H. ADDRESS  |  |

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Was this a malignant tumor of the brain?  
If so, was this the primary site? If  
secondary, please specify primary site, if known

"Probably malignant"

"Probable primary site"

2/20/51 ES



445  
1 0880

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0880

Registered No.

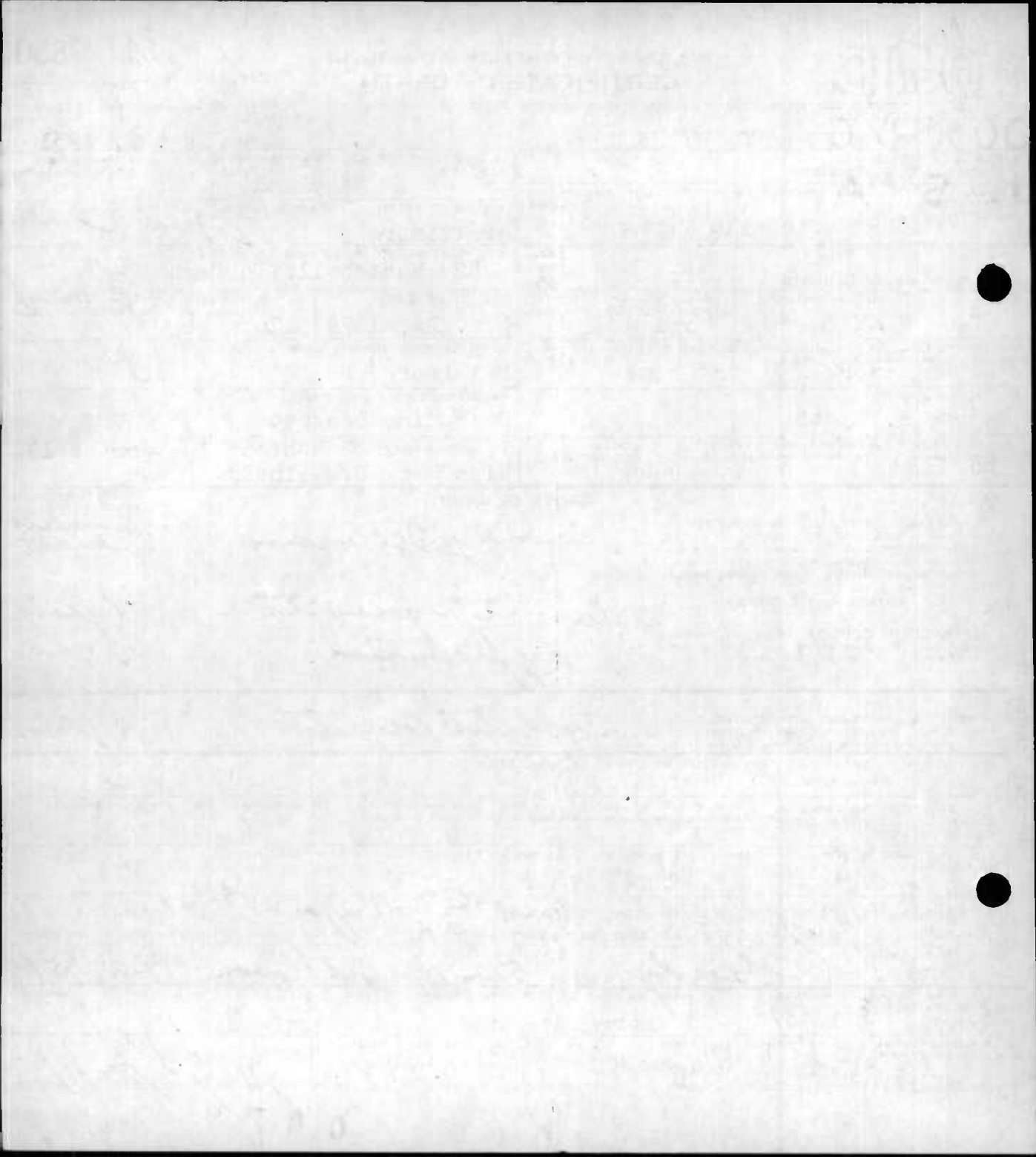
|  |                           |   |   |
|--|---------------------------|---|---|
| 1. NAME OF DECEASED<br>(Type or Print) <b>ROSE AARON WILHELM</b>   |                           | 2. DATE OF DEATH <b>Jan. 27, 1951</b>   |   |
| 3. PLACE OF DEATH:<br>A. <b>Baltimore City, Maryland</b>   |                           | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>Maryland</b> B. COUNTY |   |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)<br><b>2829 Montebello Terrace</b> |                           | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore 27-0</b>                       |   |
| D. STREET ADDRESS (If rural, give location)<br><b>2829 Montebello Terrace</b>  |                           | E. LENGTH OF stay in Baltimore <b>Life</b>  |   |
| 5. SEX <b>F</b>  | 6. COLOR OR RACE <b>W</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b>   | 8. DATE OF BIRTH<br><b>Nov. 26, 1874</b>  |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housework</b>        |                           | 10B. KIND OF BUSINESS OR INDUSTRY<br><b>at home</b>   | 9. AGE (in years last birthday) <b>76</b> |
| 13. FATHER'S NAME<br><b>George B. Dyott</b>  |                           | 14. MOTHER'S MAIDEN NAME<br><b>Josephine Bassett</b>  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>no</b>  |                           | 16. SOCIAL SECURITY NO. <b>none</b>   |   |
| 17. INFORMANT <b>2829 Montebello Terrace 14</b>  |                           | 18. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>  |   |

|  |  |  |
|--|--|--|
| 18. <b>420.1</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Coronary Occlusion</b> |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>immediate death</b> |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><b>Chronic myocarditis</b>   |  | <b>2 years</b>   |
| (B) <b>Hypertension</b>  |  | <b>3 years</b>   |
| (C) <b>Diabetes mellitus</b>   |  | <b>4 years</b>   |

|   |  |  |  |  |
|---|--|--|--|--|
| 19A. DATE OF OPERATION <b>None</b>  |  | 19B. MAJOR FINDINGS OF OPERATION   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH   | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)              | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) |  |  |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>None</b>   | 21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/> | 21F. HOW DID INJURY OCCUR?   |  |  |
| 22. I hereby certify that I attended the deceased from <b>Jan 26, 1951</b> , to <b>Jan 27, 1951</b> , that I last saw the deceased alive on <b>Jan 26, 1951</b> , and that death occurred at <b>4 A</b> m., from the causes and on the date stated above. |  |  |  |  |
| 23A. SIGNATURE <b>R. J. Gordy</b>   |  | 23B. ADDRESS <b>5106 Harford Road</b>                                    |  | 23C. DATE SIGNED <b>1-27-51</b>  |

|  |                             |  |  |
|--|-----------------------------|--|--|
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>burial</b> | 24B. DATE<br><b>1/30/51</b> | 24C. NAME OF CEMETERY OR CREMATORY<br><b>Lorraine Park</b> | 24D. LOCATION (City, town, or county) (State)<br><b>Woodlawn Md.</b> |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>JAN 29 1951</b>     |                             | REGISTRAR'S SIGNATURE<br><b>Wm. H. Williams, M.D.</b>      |  |
| FEDERAL DIRECTOR<br><b>HENRY SANDER &amp; SONS, INC.</b>   |                             | ADDRESS<br><b>BALTO. 13, MD.</b>                           |  |

VS 150  
1951 0000879 61



200  
1 0881

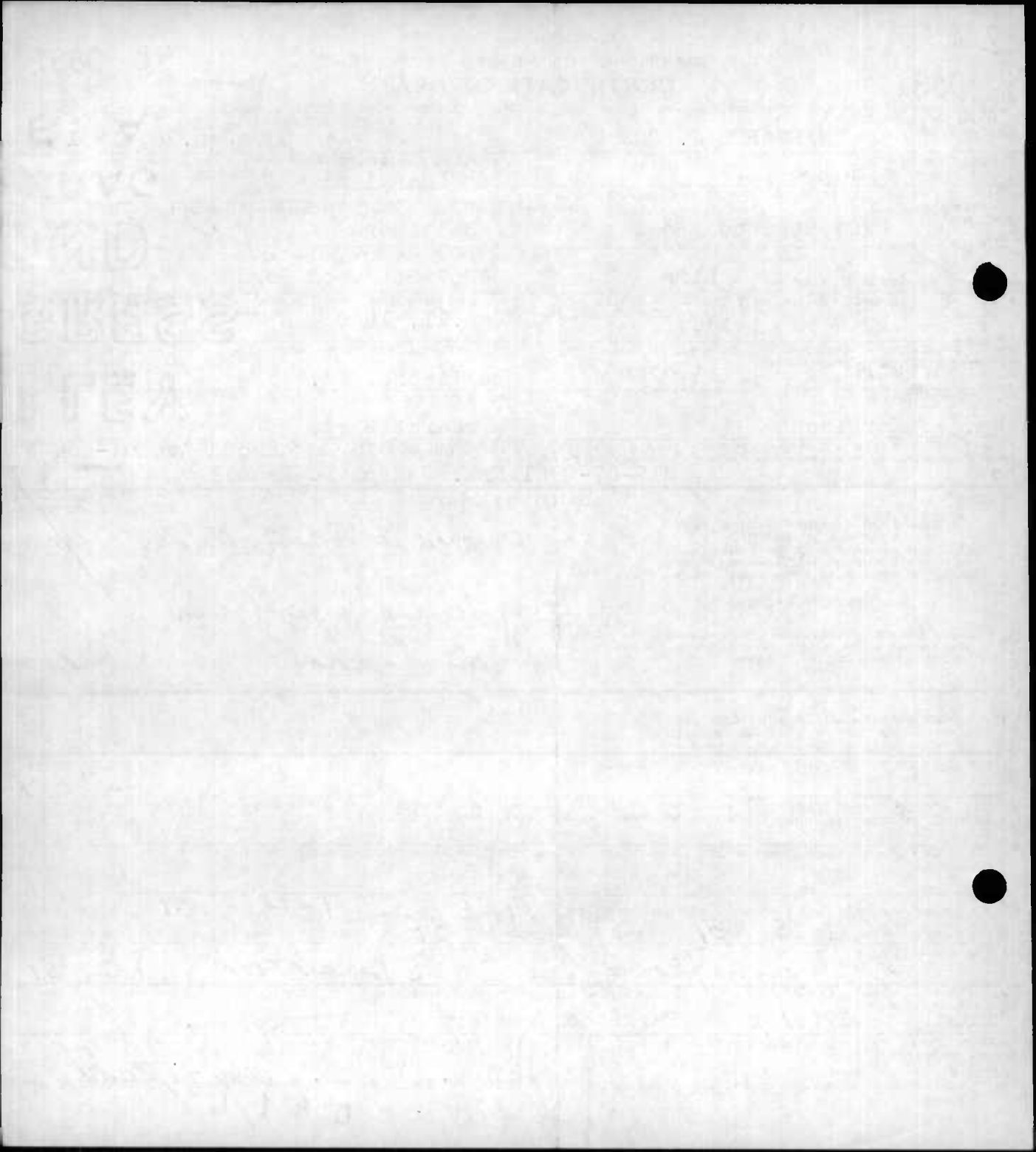
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0881  
Registered No.

|   |                              |   |   |  |  |
|---|------------------------------|---|---|--|--|
| 1. NAME OF DECEASED<br>(Type or Print) <b>MARGARET J. COX</b>   |                              |   | 2. DATE OF DEATH <b>Jan. 26, 1951</b>   |  |  |
| 3. PLACE OF DEATH:<br>A. <b>Baltimore City, Maryland</b>  |                              |   | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>Maryland</b> B. COUNTY |  |  |
| B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)<br><b>4207 Stanwood Road</b> |                              |   | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore</b>                            |  |  |
| D. STREET ADDRESS (If rural, give location)<br><b>4207 Stanwood Road</b>  |                              |   | 5. LENGTH OF STAY IN BALTIMORE <b>Life</b>  |  |  |
| 5. SEX<br><b>F</b>  | 6. COLOR OR RACE<br><b>W</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Widow</b> | 8. DATE OF BIRTH <b>Jan. 11, 1880</b>   |  |  |
| 9. AGE (In years last birthday)<br><b>67</b>  |                              |   | 10. AGE (In years last birthday)<br><b>67</b>   |  |  |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>housework</b>                           |                              |   | 10B. KIND OF BUSINESS OR INDUSTRY<br><b>at home</b>   |  |  |
| 11. BIRTHPLACE (State or foreign country)<br><b>Baltimore, Md.</b>  |                              |   | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>  |  |  |
| 13. FATHER'S NAME<br><b>Wm. H. Harrison</b>   |                              |   | 14. MOTHER'S MAIDEN NAME<br><b>Margaret Sarge</b>   |  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)<br><b>no</b>  |                              |   | 16. SOCIAL SECURITY NO.<br><b>217-07-8981</b>   |  |  |
| 17. INFORMANT<br><b>Mrs. Joseph N. Sewell</b>   |                              |   | 18. ADDRESS<br><b>4207 Stanwood Road</b>  |  |  |

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 18. <b>170X and 443X</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Carcinoma left breast c metastasis</b> |  | CAUSE OF DEATH<br><b>Carcinoma left breast c metastasis</b> |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 yrs.</b> |  |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><b>Hypertensive Cardio-Vascular</b>   |  | (A) DUE TO<br><b>Hypertensive Cardio-Vascular</b>           |  |   |  |
|   |  | (B) DUE TO<br><b>Heart disease</b>                          |  |   |  |
|   |  | (C) DUE TO  |  |   |  |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   |  |   |  |   |  |

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 19A. DATE OF OPERATION<br><b>1-25-51</b>  |  | 19B. MAJOR FINDINGS OF OPERATION  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH<br><input type="checkbox"/>   |  | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                  |  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)            |  |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY   |  | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21F. HOW DID INJURY OCCUR?  |  |
| 22. I hereby certify that I attended the deceased from <b>1-25-51</b> to <b>1-26-51</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>1-25-51</b> and that death occurred at <b>3 P</b> m., from the causes and on the date stated above. |  |   |  |   |  |
| 23A. SIGNATURE<br><b>William L. Florig</b>  |  | 23B. ADDRESS<br><b>3025 Belair Road</b>   |  | 23C. DATE SIGNED<br><b>1-27-51</b>  |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>burial</b>  |  | 24B. DATE<br><b>1/29/51</b>   |  | 24C. NAME OF CEMETERY OR CREMATORY<br><b>Parkwood Cemetery</b>                      |  |
| 24D. LOCATION (City, town, or county)<br><b>Baltimore, Md.</b>  |  | 24E. DATE RECEIVED BY LOCAL REGISTRAR<br><b>JAN 29 1951</b>   |  | 24F. REGISTRAR'S SIGNATURE<br><b>William L. Florig</b>                              |  |
| 24G. FUNERAL DIRECTOR<br><b>HENRY SANDER &amp; SONS, INC.</b>   |  | 24H. ADDRESS<br><b>BALTO., 13, MD.</b>  |  | 24I. SIGNATURE<br><b>Henry Sander</b>   |  |



5550  
51 0882  
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0882  
Registered No.

|  |                               |   |  |
|--|-------------------------------|---|--|
| 1. NAME OF DECEASED<br>(Type or Print)<br><b>MARTIN LOONAN</b>   |                               | 2. DATE OF DEATH<br><b>1.26.51</b>  |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland <b>518 PATAPSCO AVE.</b>   |                               | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>Ind.</b> B. COUNTY |  |
| 5. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>00</b>   |                               | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>BALTIMORE 25-04</b>                  |  |
| 6. LENGTH OF STAY IN BALTIMORE<br>Yrs. Mos. Days   |                               | D. STREET ADDRESS (If rural, give location)<br><b>518 PATAPSCO AVE.</b>   |  |
| 7. SEX<br><b>M.</b>  | 8. COLOR OR RACE<br><b>W.</b> | 9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>W.</b>  | 10. DATE OF BIRTH<br><b>10.25.1875</b> |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Asst. Engineer</b> |                               | 10B. KIND OF BUSINESS OR INDUSTRY<br><b>CR. RR.</b>   |  |
| 11. BIRTHPLACE (State or foreign country)<br><b>Boston</b>   |                               | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.</b>   |  |
| 13. FATHER'S NAME<br><b>Unknown</b>  |                               | 14. MOTHER'S MAIDEN NAME<br><b>Susan O'Neil</b>   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown)<br><b>No</b>                                       |                               | 16. SOCIAL SECURITY NO.<br><b>Unknown</b>   |  |
| 17. INFORMANT<br><b>Family</b>   |                               | ADDRESS<br><b>Same</b>  |  |

|   |   |   |
|---|---|---|
| 18. <b>420.1</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>CORONARY OCCLUSION</b> | CAUSE OF DEATH<br>(A) <b>CORONARY OCCLUSION</b><br>DUE TO<br>(B) _____<br>DUE TO<br>(C) _____ | INTERVAL BETWEEN ONSET AND DEATH<br><b>one week</b> |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br>(A) _____<br>(B) _____<br>(C) _____   |   |   |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.<br><b>PULMONARY TUBERCULOSIS - INACTIVE</b>   |   |   |

|   |   |  |
|---|---|--|
| 19A. DATE OF OPERATION<br><b>0</b>  | 19B. MAJOR FINDINGS OF OPERATION  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/> | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY   | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21F. HOW DID INJURY OCCUR?   |

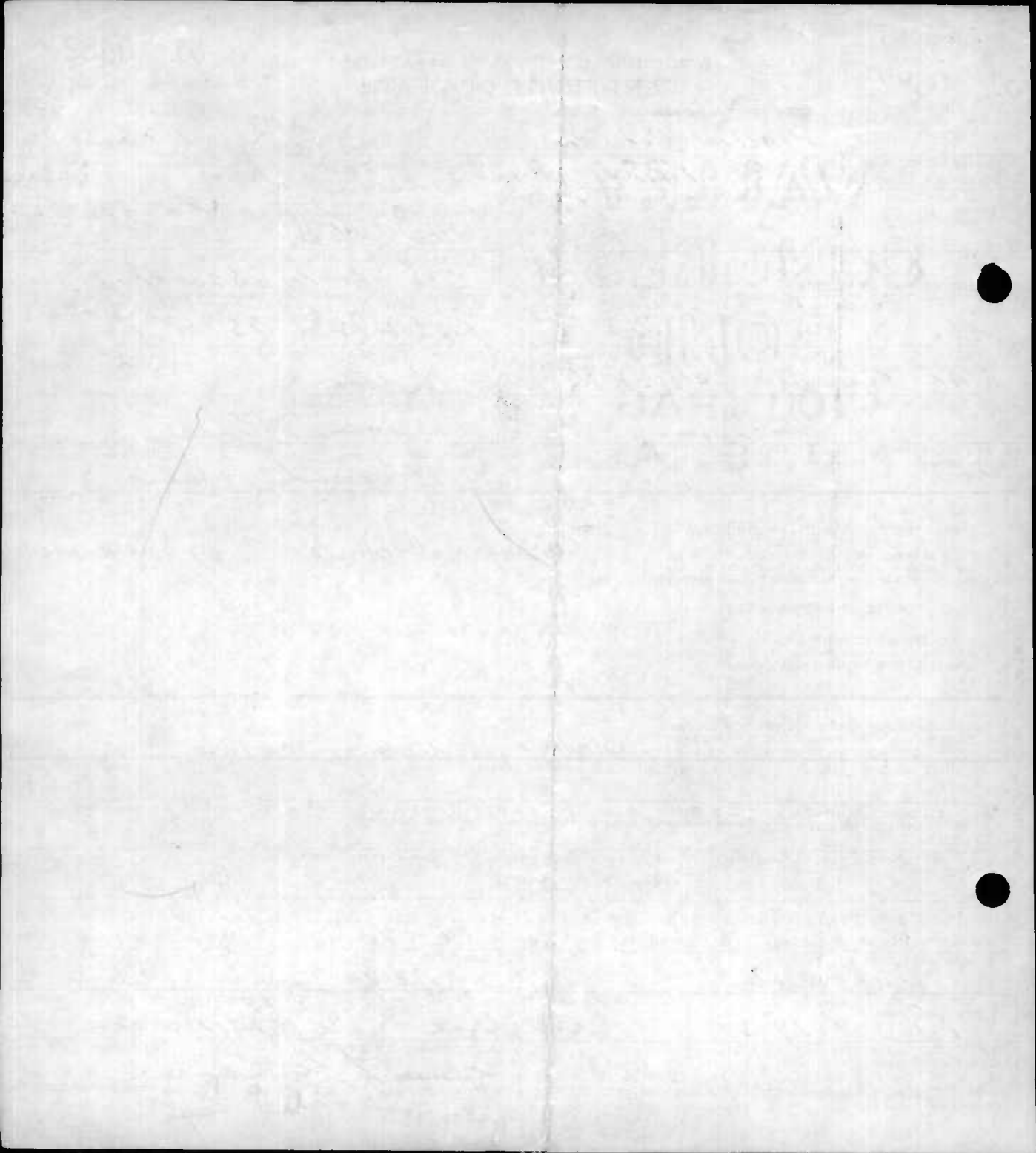
22. I hereby certify that I attended the deceased from **Jan. 18, 1951** to **Jan. 26, 1951**, that I last saw the deceased alive on **Jan. 24, 1951** and that death occurred at **6.15** m., from the causes and on the date stated above.

|                                     |  |   |
|-------------------------------------|--|---|
| 23A. SIGNATURE<br><b>Paul Lubin</b> | 23B. ADDRESS<br><b>320 Patapsco Ave.</b> | 23C. DATE SIGNED<br><b>Jan. 24-1951</b> |
|-------------------------------------|--|---|

|   |                             |   |  |
|---|-----------------------------|---|--|
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>1</b> | 24B. DATE<br><b>1.29.51</b> | 24C. NAME OF CEMETERY OR CREMATORY<br><b>Cedar Hill</b> | 24D. LOCATION (City, town or county) (State)<br><b>Baltimore</b> |
|---|-----------------------------|---|--|

|                                  |  |   |         |
|----------------------------------|--|---|---------|
| DATE RECEIVED BY LOCAL REGISTRAR | REGISTRAR'S SIGNATURE<br><b>W. J. Williams, M.D.</b> | 25. FUNERAL DIRECTOR<br><b>James J. Lahey</b> | ADDRESS |
|----------------------------------|--|---|---------|

JAN 29 1951  
553, 5005  
94a



U-425  
51 0883

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0883  
Registered No.

|  |                                  |   |                                    |  |   |
|--|----------------------------------|---|------------------------------------|--|---|
| BIRTH NO.  |                                  | 1. NAME OF DECEASED<br>(Type or Print) <i>Ardella Wlsheimer</i>   |                                    | 2. DATE OF DEATH <i>Jan. 28, 1957</i>                  |   |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland  |                                  | 4. USUAL RESIDENCE. (Where deceased lived. If institution residence before admission)<br>A. STATE <i>MD</i> B. COUNTY |                                    |  |   |
| B. FULL NAME OF HOSPITAL OR INSTITUTION<br><i>JOHN HOPKINS HOSPITAL</i>                                  |                                  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><i>Baltimore 7-02</i>                 |                                    |  |   |
| C. Length of stay in Baltimore   |                                  | D. STREET ADDRESS (If rural, give location)<br><i>24 S. Durham St.</i>  |                                    |  |   |
| 5. SEX<br><i>Male</i>  | 6. COLOR OF RACE<br><i>white</i> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)   | 8. DATE OF BIRTH<br><i>3-26-13</i> | 9. AGE (in years last birthday)<br><i>37</i>           | 10. Under 1 Year Months: Days<br>11. Under 24 Hours Hours: Min. |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)              |                                  | 10B. KIND OF BUSINESS OR INDUSTRY   |                                    | 11. BIRTHPLACE (State or foreign country)<br><i>MD</i> |   |
| 12. CITIZEN OF WHAT COUNTRY?   |                                  | 13. FATHER'S NAME<br><i>Alfred Hopkins</i>  |                                    | 14. MOTHER'S MAIDEN NAME<br><i>Eleanor Connors</i>     |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) |                                  | 16. SOCIAL SECURITY NO.   |                                    | 17. INFORMANT ADDRESS<br><i>JOHN HOPKINS HOSPITAL</i>  |   |

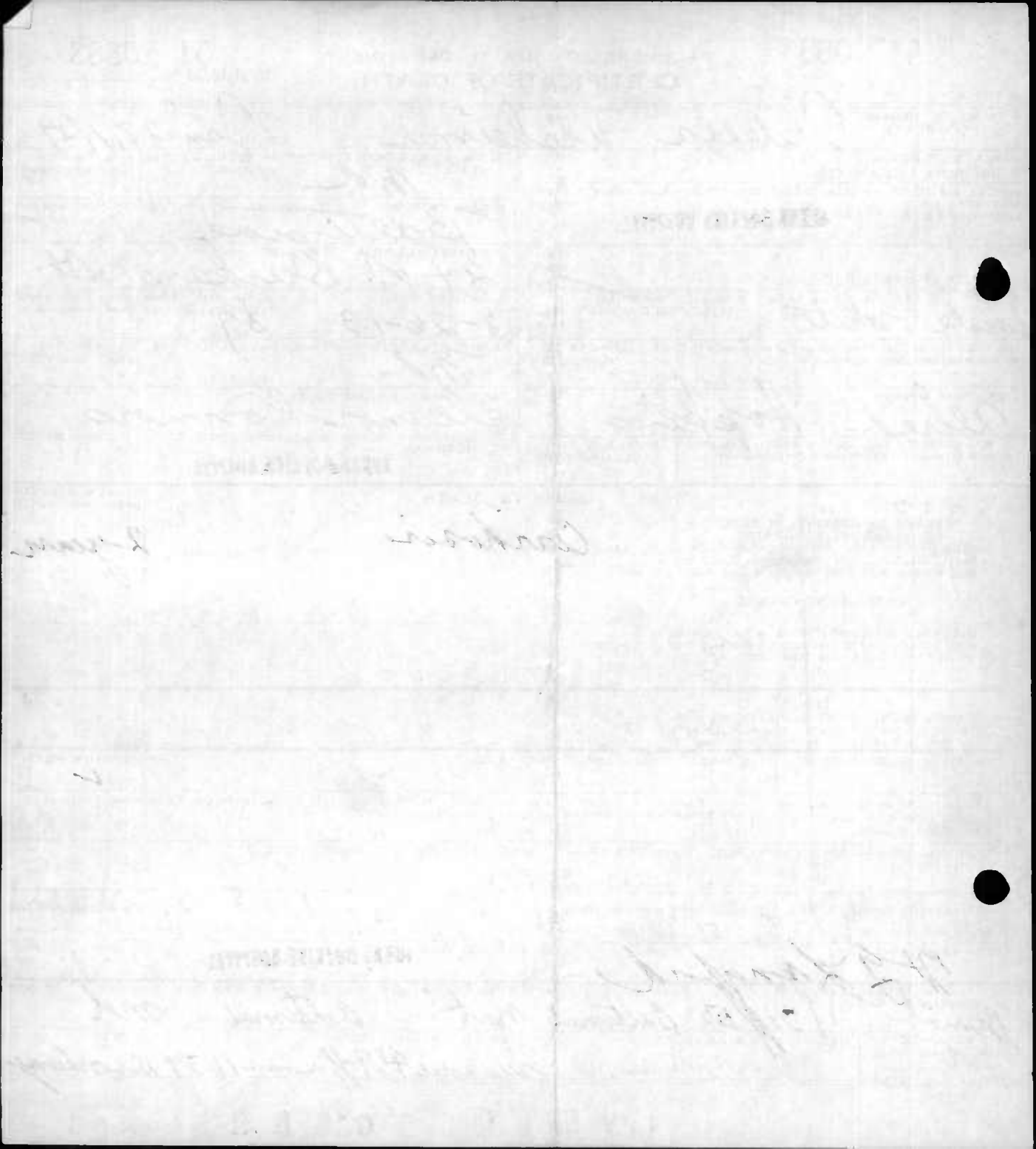
|   |  |  |
|---|--|--|
| 18. <i>581.0</i><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><i>Carcinoma</i><br>DUE TO |  | INTERVAL BETWEEN ONSET AND DEATH<br><i>2 years</i> |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br>(B) .....<br>(C) .....  |  |  |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   |  |  |

|   |   |  |  |   |  |
|---|---|--|--|---|--|
| 19A. DATE OF OPERATION <i>1/28</i>  |   | 19B. MAJOR FINDINGS OF OPERATION   |  | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |  |
| 21A. ACCIDENT WAS UNDER-<br>LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/><br>CAUSE OF DEATH   | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)                 | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) |  |   |  |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY   | 21E. INJURY OCCURRED<br>WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK | 21F. HOW DID INJURY OCCUR?   |  |   |  |
| 22. I hereby certify that I attended the deceased from <i>1/17</i> , 19 <i>57</i> , to <i>1/28</i> , 19 <i>57</i> , that I last saw the deceased alive on <i>1/28</i> , 19 <i>57</i> , and that death occurred at <i>11:30</i> a. m., from the causes and on the date stated above. |   |  |  |   |  |
| 23A. SIGNATURE<br><i>H. G. Langford</i><br>M. O.  |   | 23B. ADDRESS<br><i>JOHN HOPKINS HOSPITAL</i>                             |  | 23C. DATE SIGNED  |  |

|  |  |   |  |
|--|--|---|--|
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><i>Burial</i> | 24B. DATE<br><i>1/31/57</i>                    | 24C. NAME OF CEMETERY OR CREMATORY<br><i>Baltimore Nat</i>                | 24D. LOCATION (City, town, or county) (State)<br><i>Baltimore MD</i> |
| DATE RECEIVED BY LOCAL REGISTRAR<br><i>JAN 29 1957</i>     | REGISTRAR'S SIGNATURE<br><i>William H. ...</i> | 25. FUNERAL DIRECTOR ADDRESS<br><i>Blanche P. Hoffman - 1639 Broadway</i> |  |

19510000882 124B





W-425  
51 0884

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0884  
Registered No.

|   |                              |  |  |   |  |
|---|------------------------------|--|--|---|--|
| BIRTH NO.   |                              | 1. NAME OF DECEASED<br>(Type or Print) <u>Elizabeth Wilkinson</u>  |  | 2. DATE OF DEATH <u>Jan. 27, 1951</u>                         |  |
| 3. PLACE OF DEATH:<br>A. <u>Baltimore City, Maryland</u>  |                              | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <u>Md.</u> B. COUNTY _____ |  |   |  |
| B. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>8 N. Linwood Ave.</u>   |                              | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><u>Baltimore 6-01</u>                        |  |   |  |
| C. Length of stay in Baltimore<br>Yrs. _____ Mos. _____ Days _____  |                              | D. STREET ADDRESS (If rural, give location)<br><u>8 N. Linwood Ave.</u>  |  |   |  |
| 5. SEX<br><u>F</u>  | 6. COLOR OR RACE<br><u>W</u> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><u>W</u>  | B. DATE OF BIRTH<br><u>Aug. 14, 1889</u> | 9. AGE (In years last birthday)<br><u>61</u>                  | If Under 1 Year: Months _____ Days _____ If Under 24 Hours: Hours _____ Min. _____ |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Saleslady</u> |                              | 10B. KIND OF BUSINESS OR INDUSTRY<br><u>H.K. Co.</u>   |  | 11. BIRTHPLACE (State or foreign country)<br><u>Baltimore</u> |  |
| 12. CITIZEN OF WHAT COUNTRY?  |                              | 13. FATHER'S NAME<br><u>Henry H.</u>   |  | 14. MOTHER'S MAIDEN NAME<br><u>Catherine Schrieber</u>        |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)   |                              | 16. SOCIAL SECURITY NO.  |  | 17. INFORMANT ADDRESS<br><u>Father 8 .Linwood Ave.</u>        |  |

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| 18. <u>002X</u> I<br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><u>Pulmonary Tuberculosis</u><br>DUE TO<br>ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br>II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. |  | CAUSE OF DEATH<br>(A) <u>Pulmonary Tuberculosis</u><br>DUE TO<br>(B) _____<br>DUE TO<br>(C) _____ |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>2 months</u> |  |
|--|--|---|--|---|--|

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| 19A. DATE OF OPERATION <u>0</u>   |  | 19B. MAJOR FINDINGS OF OPERATION  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |  |
| 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)  |  | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)                 |  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) |  |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY   |  | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21F. HOW DID INJURY OCCUR?   |  |
| 22. I hereby certify that I attended the deceased from <u>Nov. 30, 1951</u> , to <u>Jan 27, 1951</u> , that I last saw the deceased alive on <u>Jan 26, 1951</u> , and that death occurred at <u>8:00 a. m.</u> , from the causes and on the date stated above. |  |   |  |  |  |
| 23A. SIGNATURE<br><u>Charles E. MacMurray</u>   |  | 23B. ADDRESS<br><u>2900 E Baltimore St.</u>   |  | 23C. DATE SIGNED<br><u>Jan 29, 1951</u>                                  |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  |  | 24B. DATE<br><u>1/30/51</u>   |  | 24C. NAME OF CEMETERY OR CREMATORY<br><u>Baltimore</u>                   |  |
| 24D. LOCATION (City, town or county) (State)<br><u>Baltimore Md.</u>  |  | 25. FUNERAL DIRECTOR<br><u>Blaine F. Hoffman</u>  |  | ADDRESS<br><u>1639 Broadway</u>  |  |

In. Macmillan  
Belt & Lumbered are

K-435

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0885

Registered No.

BIRTH NO.

51 0885

1. NAME OF DECEASED  
(Type or Print)

Theodore Kolodnicki

2. DATE  
OF  
DEATH

Jan. 28, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland yes

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

Luthanen Hospital of Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

Balt.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

25-05

D. STREET ADDRESS (If rural, give location)

1619 Church St.

C. Length of stay in Baltimore

30

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year

If Under 24 Hours

62

Months: Days

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Kolodnicki

14. MOTHER'S MAIDEN NAME

Caroline Fisher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

215-07-7779

17. INFORMANT

ADDRESS

Julia Kolodnicki 1619 Church St

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Post. Myocardial Infarction

4 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Coronary Thrombosis

4 hrs

(C) Coronary Arteriosclerosis

yrs

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Jan. 28, 1951, to Jan. 28, 1951, that I last saw the deceased alive on Jan. 28, 1951, and that death occurred at 1:45 P m., from the causes and on the date stated above.

23A. SIGNATURE

M H Edwards

23B. ADDRESS

M. O. Luthanen Hosp. of Md.

23C. DATE SIGNED

Jan. 28, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Jan 31-1951

Holy Cross

A.A. Co.

M.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 29 1951

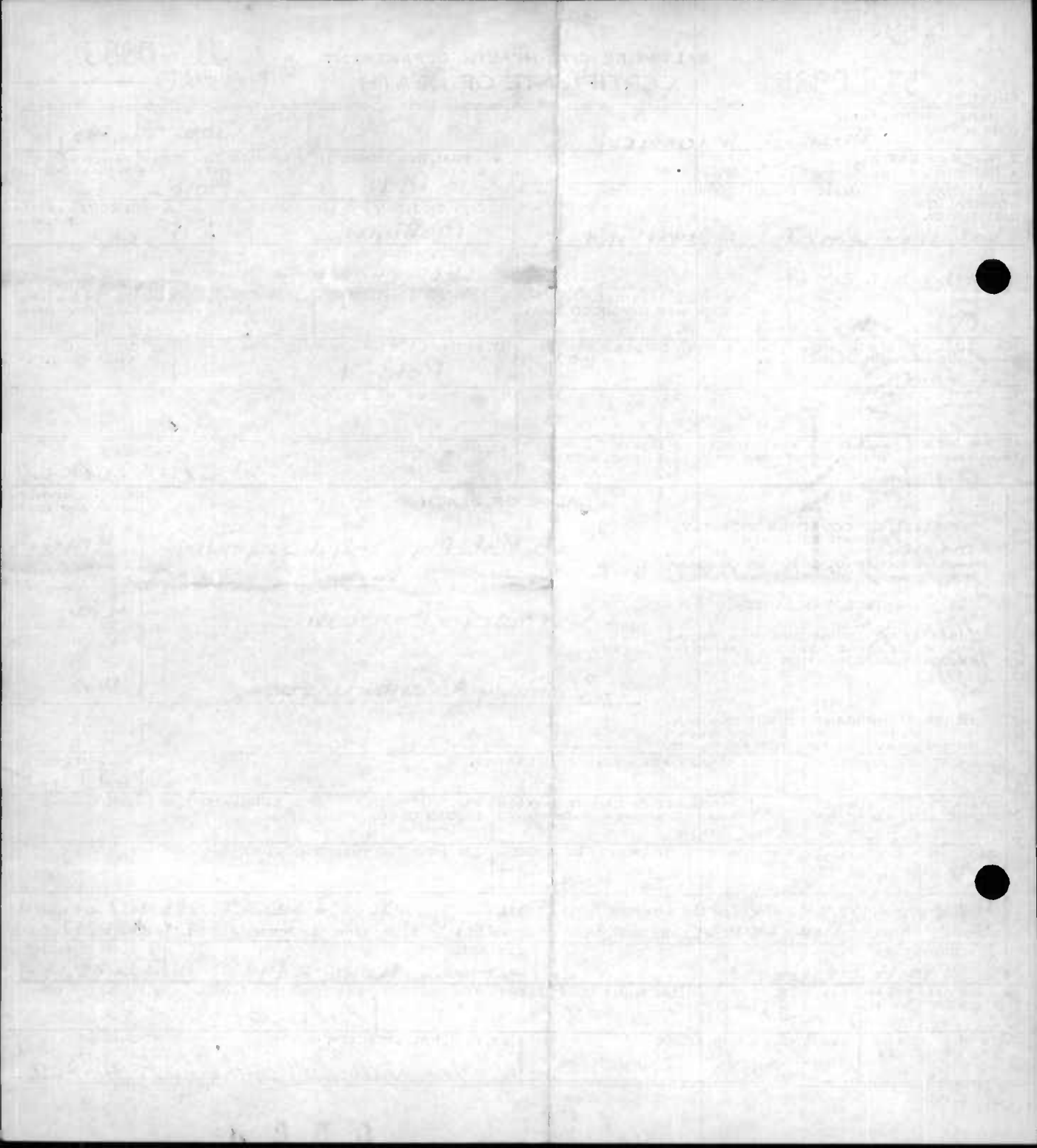
Therington Williams, M.D.

Wm. S. Fialkowski 2007 Eastern Ave

1969P 04R 00884

94a

MEDICAL CERTIFICATION



E-416  
51 0886BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 0886  
Registered No.

|   |                                  |  |   |  |   |
|---|----------------------------------|--|---|--|---|
| BIRTH NO.   |                                  | 1. NAME OF DECEASED<br>(Type or Print) <i>Mae</i><br><i>DELLA ELLERSON</i>   |   | 2. DATE OF DEATH<br><i>1-26-51</i>                                       |   |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland   |                                  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <i>MARYLAND</i> B. COUNTY <i>18</i>  |   |  |   |
| B. FULL NAME OF HOSPITAL OR INSTITUTION<br><i>38 UNIVERSITY HOSPITAL</i>  |                                  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><i>BALTIMORE 9-07</i>  |   |  |   |
| C. Length of stay in Baltimore  |                                  | D. STREET ADDRESS (If rural, give location)<br><i>1635 ABBOTTSTON ST.</i>  |   |  |   |
| 5. SEX<br><i>FEMALE</i>   | 6. COLOR OR RACE<br><i>WHITE</i> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><i>DIVORCED</i>   | 8. DATE OF BIRTH<br><i>Sept. 22, 1912</i> | 9. AGE (In years last birthday)<br><i>38</i>                             | If Under 1 Year Months: Days If Under 24 Hours Hours: Min.                          |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><i>Secretary</i>   |                                  | 10B. KIND OF BUSINESS OR INDUSTRY<br><i>Bank</i>   |   | 11. BIRTHPLACE (State or foreign country)<br><i>MARYLAND</i>             |   |
| 13. FATHER'S NAME<br><i>Samuel CLAYTON LEBERSON</i>   |                                  | 14. MOTHER'S MAIDEN NAME<br><i>MARYLE PETERSON</i>   |   |  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)   |                                  | 16. SOCIAL SECURITY NO.  |   | 17. INFORMANT ADDRESS<br><i>HOSP RECORDS</i>                             |   |
| 18. <i>002X</i><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><br>ANTECEDENT CAUSES<br><br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><br>II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. |                                  | CAUSE OF DEATH<br>(A) <i>ACUTE TRACHEO-BRONCHITIS</i><br>DUE TO <i>OBSTRUCTION &amp; MASSIVE ATelectasis</i><br>(B) <i>LOBECTOMY FOR OPEN TUBERCULAR CAVITY</i><br>DUE TO <i>CHRONIC CAVITY</i><br>(C)<br><br>INTERVAL BETWEEN ONSET AND DEATH |   |  |   |
| 19A. DATE OF OPERATION<br><i>1-22-51</i>  |                                  | 19B. MAJOR FINDINGS OF OPERATION<br><i>CAVITY, AT UPPER LOBE</i>   |   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>   |                                  | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)  |   | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) |   |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY   |                                  | 21E. INJURY OCCURRED<br>WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>  |   | 21F. HOW DID INJURY OCCUR?   |   |
| 22. I hereby certify that I attended the deceased from <i>1-20</i> , 19 <i>51</i> , to <i>1-26</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>1-26</i> , 19 <i>51</i> , and that death occurred at <i>6:04</i> a.m., from the causes and on the date stated above.   |                                  |  |   |  |   |
| 23A. SIGNATURE<br><i>John W. Stow</i>   |                                  | 23B. ADDRESS<br><i>911 W. Hamp.</i>  |   | 23C. DATE SIGNED<br><i>1-26-51</i>                                       |   |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><i>Burial</i>  |                                  | 24B. DATE<br><i>1/30/51</i>  |   | 24C. NAME OF CEMETERY OR CREMATORY<br><i>Parkwood Cem.</i>               |   |
| 24D. LOCATION (City, town, or county) (State)<br><i>Balto., Md.</i>   |                                  | 25. FUNERAL DIRECTOR<br><i>Wm. J. Lickner &amp; Sons - Balto. Md.</i>  |   |  |   |
| DATE RECEIVED BY LOCAL REGISTRAR  |                                  | REGISTRAR'S SIGNATURE<br><i>William Williams, Jr.</i>  |   | ADDRESS  |   |

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V-300  
51 0887

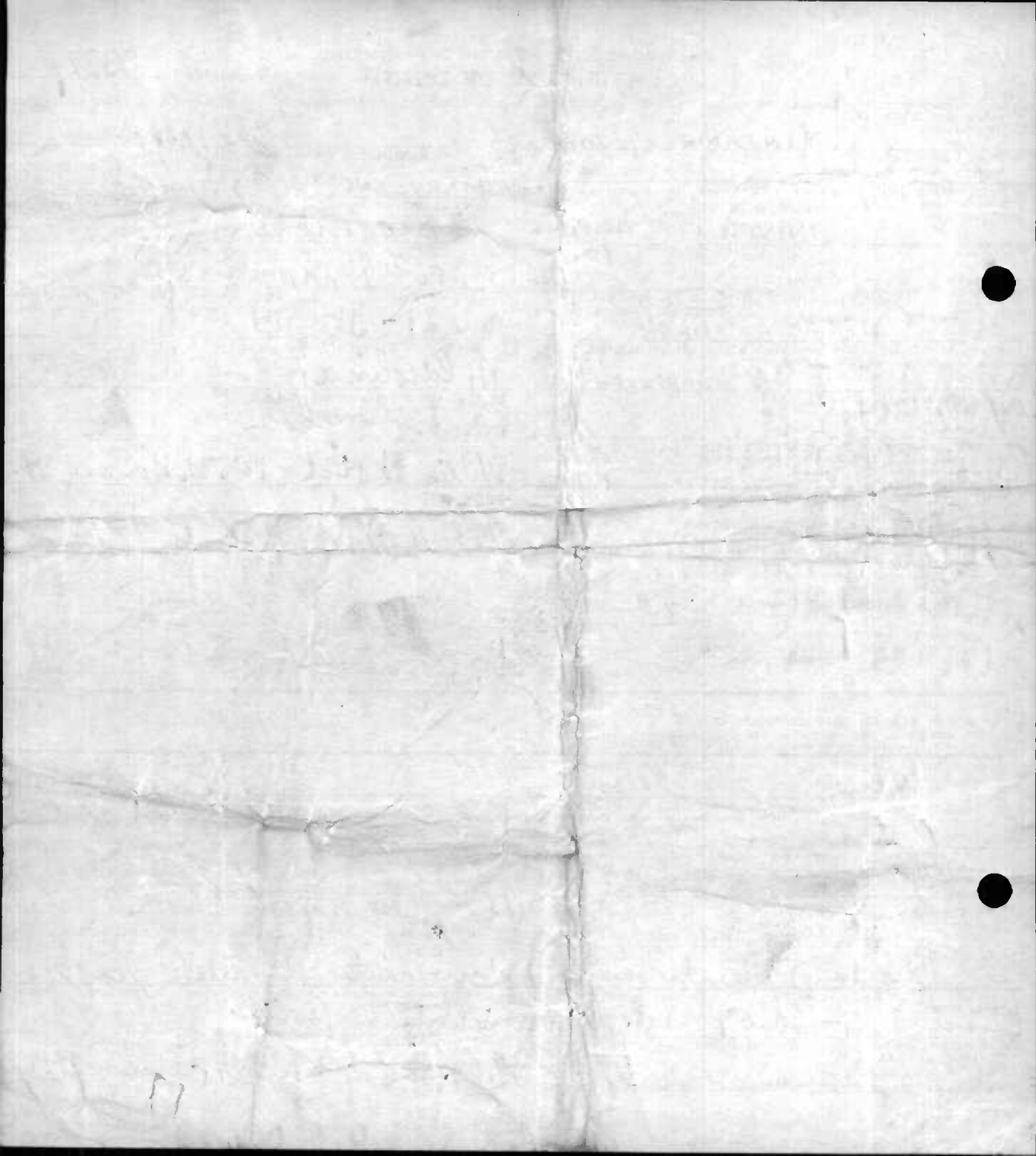
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 0887

|  |                                  |  |   |
|--|----------------------------------|--|---|
| 1. NAME OF DECEASED<br>(Type or Print) <b>MINNAME VOID</b>   |                                  | 2. DATE OF DEATH<br><b>1/26/51</b>   |   |
| 3. PLACE OF DEATH:<br>a. Baltimore City, Maryland  |                                  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>MARYLAND</b> b. COUNTY <b>BALTIMORE</b> |   |
| b. FULL NAME OF (If not in hospital or institution, give street address or location)<br><b>UNIVERSITY HOSPITAL</b> |                                  | c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>BALTIMORE 23-01</b>                                       |   |
| c. Length of stay in Baltimore<br><b>12</b> Yrs. Mos. Days   |                                  | d. STREET ADDRESS (If rural, give location)<br><b>155 W. HAMBURG ST</b>  |   |
| 5. SEX<br><b>M</b>   | 6. COLOR OR RACE<br><b>NEGRO</b> | 7. SINGLE <input checked="" type="checkbox"/> MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Single</b>  | 8. DATE OF BIRTH<br><b>June 21-38</b>                       |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)                        |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Dependent</b>  | 9. AGE (In years last birthday) Months Days<br><b>12 13</b> |
| 13. FATHER'S NAME<br><b>Willie Void</b>  |                                  | 14. MOTHER'S MAIDEN NAME<br><b>Sarah Loggins</b>   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)            |                                  | 16. SOCIAL SECURITY NO.  |   |
| 17. INFORMANT<br><b>Willie Void</b>  |                                  | ADDRESS<br><b>155 W. Hamburg St.</b>   |   |

|   |  |   |
|---|--|---|
| 18. 204.0<br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Subacute lymphatic leukemia</b> |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>4 mos.</b> |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br>(B)<br>(C)  |  |   |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   |  |   |

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 19a. DATE OF OPERATION<br><b>None</b>   |  | 19b. MAJOR FINDINGS OF OPERATION<br><b>None</b>   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>   |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                  |  | 21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)            |  |
| 21d. TIME (Month) (Day) (Year) (Hour) OF INJURY   |  | 21e. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR?  |  |
| 22. I hereby certify that I attended the deceased from <b>11/3</b> 19 <b>50</b> , to <b>1/26</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>1/26</b> , 19 <b>51</b> , and that death occurred at <b>9:15</b> A.M., from the causes and on the date stated above. |  |   |  |   |  |
| 23a. SIGNATURE<br><b>Charles T. Henderson</b>   |  | 23b. ADDRESS<br><b>University Hospital</b>  |  | 23c. DATE SIGNED<br><b>1/26/51</b>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |  | 24b. DATE<br><b>1-30-51</b>   |  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Mt. Deeburn Cemetery</b>                   |  |
| 24d. LOCATION (City, town, or county) (State)<br><b>Baltimore</b>   |  | 25. FUNERAL DIRECTOR<br><b>W. B. Spriggs</b>  |  |   |  |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>JAN 29 1951</b>  |  | REGISTRAR'S SIGNATURE<br><b>W. B. Spriggs</b>   |  | ADDRESS<br><b>139 W. Hamburg St.</b>  |  |



C-615

51. 0888

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHX 51. 0888  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Hallie Hurt Carpenter

2. DATE  
OF  
DEATH

1/29/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Maryland General Hospital Owings Mills

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE

Md

B. COUNTY

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

5300

C. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

July 19, 1880

9. AGE (In years  
last birthday)

70 yrs

If Under 1 Year  
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore City

12. CITIZEN OF  
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Henry N. Hurt

14. MOTHER'S MAIDEN NAME

Lou Beale

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

James M.

ADDRESS

as above

18. 420.0

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Coronary occlusion

DUE TO

9 days

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Arteriosclerotic heart disease

DUE TO

1 yr.

(C) Hypertensive cardiovascular disease

2 y 1/2.

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-27, 1951, to 1-29, 1951, that I last saw the  
deceased alive on 1/29, 1951, and that death occurred at 10:00 AM, from the causes and on the date stated above.

23A. SIGNATURE

Marguerite Louise Cardley, M.D.

23B. ADDRESS

Maryland General Hospital 1/29/51

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 2-51

24C. NAME OF CEMETERY OR CREMATORY

St Thomas

24D. LOCATION (City, town, or county)

Owings Mills Md

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wm. J. Williams, M.D.

25. FUNERAL DIRECTOR

J. F. Eline Sons Ruston Md

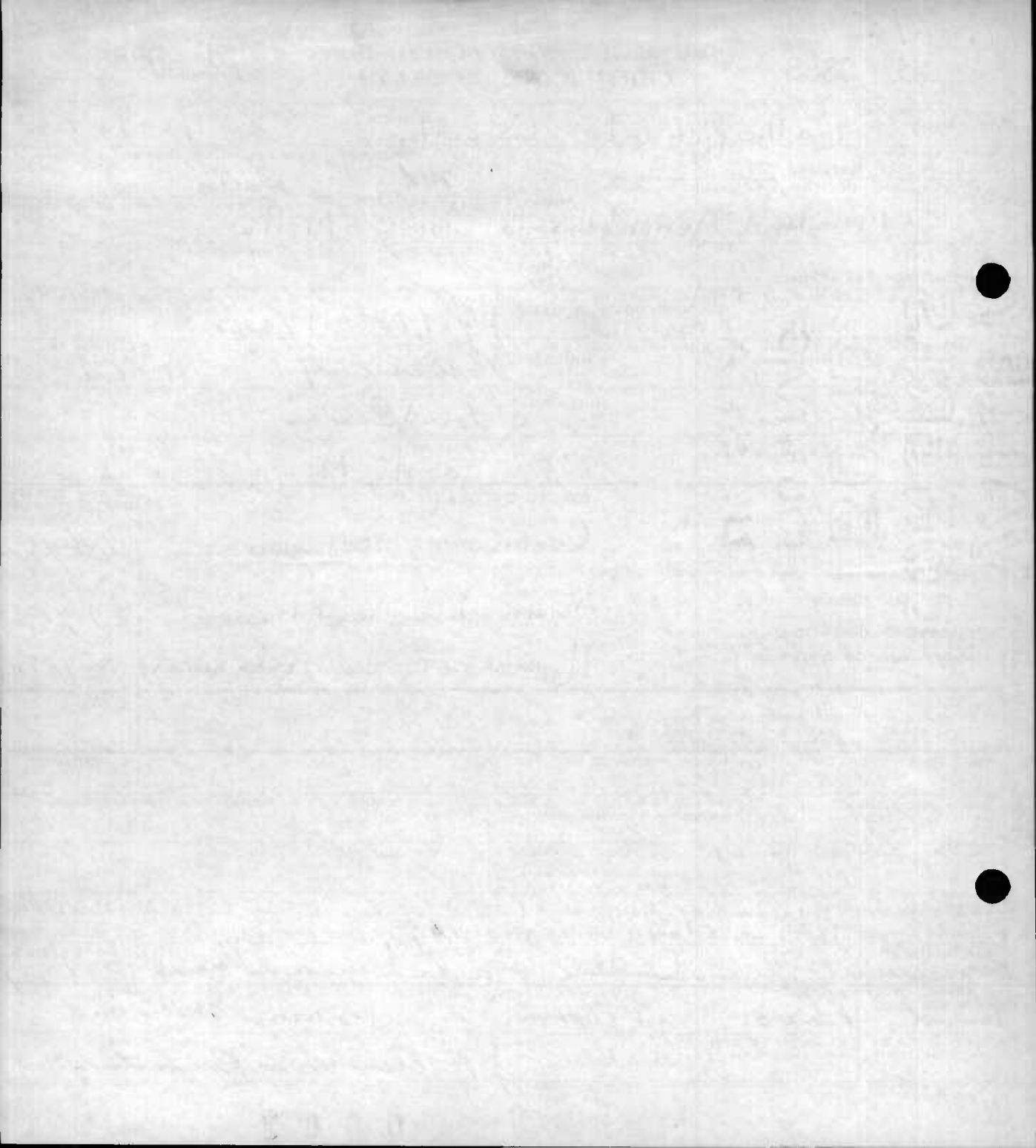
ADDRESS

JAN 29 1951

1 2 5 1 0 0 0 0 8 0 7

937

MEDICAL CERTIFICATION



D-240  
51 0889

51 0889

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

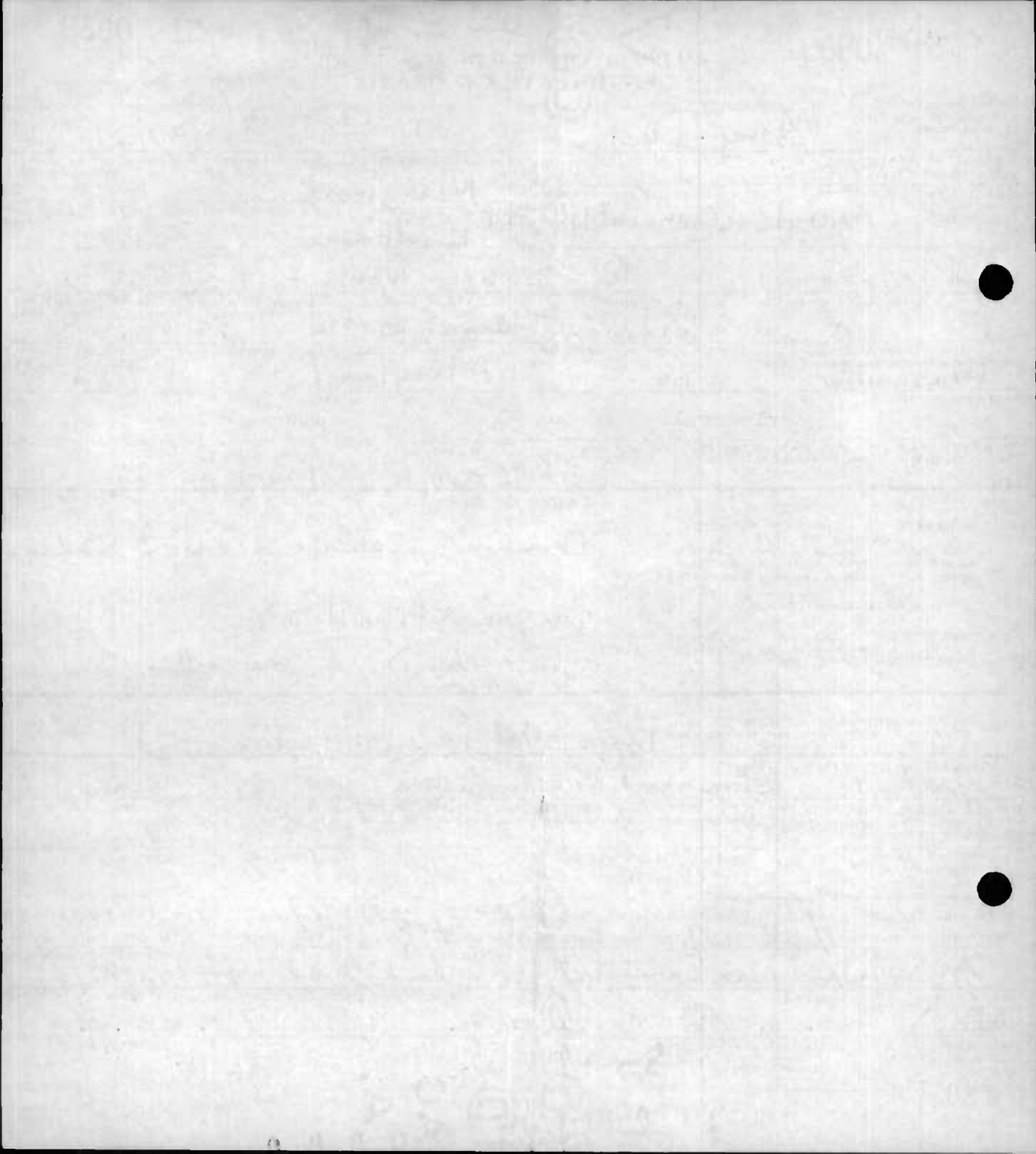
BIRTH NO.

|  |                            |   |  |
|--|----------------------------|---|--|
| 1. NAME OF DECEASED<br>(Type or Print) <b>Mary Z. Dockal</b>   |                            | 2. DATE OF DEATH <b>1/27/51</b>   |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland  |                            | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>Maryland</b><br>B. COUNTY <b>Baltimore</b> |  |
| 5. FULL NAME OF HOSPITAL OR INSTITUTION <b>Maryland General Hospital</b>   |                            | 6. STREET ADDRESS (If rural, give location) <b>615 North Port St</b>  |  |
| 7. LENGTH OF STAY IN BALTIMORE <b>Life</b>   |                            | 8. DATE OF BIRTH <b>August 20 1876</b>  |  |
| 9. SEX <b>F</b>  | 10. COLOR OR RACE <b>W</b> | 11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>   | 12. AGE (In years last birthday) <b>74</b> |
| 13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>  |                            | 14. KIND OF BUSINESS OR INDUSTRY <b>at home</b>   |  |
| 15. FATHER'S NAME <b>Carl Zamrzla</b>  |                            | 16. MOTHER'S MAIDEN NAME <b>unknown</b>   |  |
| 17. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>no</b>  |                            | 18. SOCIAL SECURITY NO. <b>42211</b>  |  |
| 19. CAUSE OF DEATH<br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Cerebrovascular accident</b><br>DUE TO<br>ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><b>auricular fibrillation</b><br>DUE TO<br><b>arteriosclerotic cardiovascular disease</b><br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.<br><b>Inspissated fecal impaction</b> |                            | INTERVAL BETWEEN ONSET AND DEATH<br><b>3 days</b>   |  |
| 20. DATE OF OPERATION <b>1/20/51</b>   |                            | 21. MAJOR FINDINGS OF OPERATION <b>Stony hard fecal impaction</b>   |  |
| 22. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>  |                            | 23. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>Stony hard fecal impaction</b>                      |  |
| 24. TIME (Month) (Day) (Year) (Hour) OF INJURY   |                            | 25. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)   |  |
| 26. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                            | 27. HOW DID INJURY OCCUR?   |  |
| 28. I hereby certify that I attended the deceased from <b>1/20</b> 19 <b>51</b> , to <b>1/27</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>1/26</b> , 19 <b>51</b> , and that death occurred at <b>4:25</b> p. m., from the causes and on the date stated above.   |                            |   |  |
| 29. SIGNATURE <b>Marquitta Louisa Candler</b>  |                            | 30. ADDRESS <b>Maryland General Hospital</b>  |  |
| 31. DATE SIGNED <b>1/27/51</b>   |                            | 32. DATE SIGNED   |  |
| 33. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>   |                            | 34. DATE <b>Jan. 30, 1951</b>   |  |
| 35. NAME OF CEMETERY OR CREMATORY <b>Holy Redeemer Cem.</b>  |                            | 36. LOCATION (City, town, or county) (State) <b>4430 Belair Rd. Balto. Md.</b>  |  |
| 37. DATE RECEIVED BY LOCAL REGISTRAR   |                            | 38. REGISTRAR'S SIGNATURE <b>William H. Williams, M.D.</b>  |  |
| 39. FUNERAL DIRECTOR <b>Schimunek Funeral Home, Inc.</b>   |                            | 40. ADDRESS <b>2501-3-5 E. Madison Street</b>   |  |

JAN 29 1951

195102000000

122B





B-520  
51 0890

51 0890

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

|   |                                  |   |  |  |   |
|---|----------------------------------|---|--|--|---|
| 1. NAME OF DECEASED<br>(Type or Print) <b>Giovannina Bianca</b>   |                                  |   | 2. DATE OF DEATH <b>January 27 1951</b>  |  |   |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland <b>202 S. Exeter St.</b>  |                                  |   | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>Maryland</b><br>B. COUNTY _____ |  |   |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR INSTITUTION       |                                  |   | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore</b> <b>3-02</b>                         |  |   |
| C. Length of stay in Baltimore <b>55 Yrs.</b>   |                                  |   | D. STREET ADDRESS (If rural, give location)<br><b>202 S. Exeter St.</b>  |  |   |
| 5. SEX<br><b>Female</b>   | 6. COLOR OR RACE<br><b>White</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Widowed</b> | 8. DATE OF BIRTH<br><b>December 6/73</b>   |  | 9. AGE (In years last birthday)<br><b>77</b>                              |
|   |                                  |   | If Under 1 Year<br>Months: <b>1</b> Days: <b>21</b>  |  | If Under 24 Hours<br>Hours: _____ Min: _____                              |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>       |                                  |   | 10B. KIND OF BUSINESS OR INDUSTRY<br><b>Home</b>   |  | 11. BIRTHPLACE (State or foreign country)<br><b>Cefalu' Palermo Italy</b> |
| 13. FATHER'S NAME<br><b>Giuseppe Giardina</b>   |                                  |   | 14. MOTHER'S MAIDEN NAME<br><b>Concetta Bonomo</b>   |  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)<br><b>no</b> |                                  |   | 16. SOCIAL SECURITY NO. _____  |  |   |
|   |                                  |   | 17. INFORMANT ADDRESS<br><b>Maria Stella Liberto (202 S. Exeter St.)</b>   |  |   |

|   |  |   |
|---|--|---|
| 18. <b>443X</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><br>ANTECEDENT CAUSES<br><br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><br>II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | CAUSE OF DEATH<br>(A) <b>Acute Myocardial Infarct</b><br>DUE TO<br>(B) <b>Chronic Vascular Hypertension</b><br>DUE TO<br>(C) <b>Renal Arteriosclerosis</b> | INTERVAL BETWEEN ONSET AND DEATH<br><b>12 hrs</b><br><b>?</b><br><b>?</b> |
|---|--|---|

|  |   |  |  |  |
|--|---|--|--|--|
| 19A. DATE OF OPERATION <b>0</b>  |   | 19B. MAJOR FINDINGS OF OPERATION   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)   | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)                 | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) |  |  |
| 21D. TIME (Month) (Day) (Year) (Hour)<br>INJURY  | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21F. HOW DID INJURY OCCUR?   |  |  |
| 22. I hereby certify that I attended the deceased from <b>Jan 27, 1951</b> , to <b>Jan 27, 1951</b> , that I last saw the deceased alive on <b>Jan 27, 1951</b> , and that death occurred at <b>1:45 p. m.</b> , from the causes and on the date stated above. |   |  |  |  |
| 23A. SIGNATURE<br><b>James H. Temple</b>   | 23B. ADDRESS<br><b>Room 3, Bath St.</b>   | 23C. DATE SIGNED<br><b>1/29/51</b>                                       |  |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 24B. DATE<br><b>January 31/51</b>   | 24C. NAME OF CEMETERY<br><b>Holy Redeemer</b>                            |  |  |
| 24D. LOCATION (City, town, or county) (State)<br><b>4430 Belair Rd. Balt. Md.</b>  |   |  |  |  |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>JAN 29 1951</b>   |   | REGISTRAR'S SIGNATURE<br><b>Frank Della Hore</b>                         |  |  |
|  |   | FUNERAL DIRECTOR ADDRESS<br><b>322 S. High St.</b>                       |  |  |



Handwritten text, mostly illegible due to extreme fading and bleed-through from the reverse side of the page. The text appears to be organized into several paragraphs and possibly a list or table structure. Some legible fragments include:

- Top left: "31 1940"
- Top center: "RECEIVED"
- Top right: "JAN 10 1941"
- Middle left: "The following information is being furnished to you for your information."
- Middle right: "Very truly yours,"
- Bottom left: "Sincerely yours,"
- Bottom right: "John D. [illegible]"

The document is heavily faded and shows significant signs of age and wear, including two punch holes on the right side.



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WATKINS

51 0892

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 0892  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

CHARLES A. SPANGLER

2. DATE  
OF  
DEATH

JAN. 26/1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

B. COUNTY

MARYLAND

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE CITY

26-06

D. STREET ADDRESS (If rural, give location)

25 S. ELLAMONT STREET

B. FULL NAME OF (If not in hospital or institution, give street address or location)

25 S. ELLAMONT STREET

C. Length of stay in Baltimore, LIFE

Yrs.  
Mos.  
Days

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

Jan. 26/1894

9. AGE (In years  
last birthday)

57

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Lead Burner

10B. KIND OF BUSINESS OR  
INDUSTRY

Gen. Chemical Co.

11. BIRTHPLACE (State or foreign country)

(4) Baltimore Maryland

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Charles A. Spangler

14. MOTHER'S MAIDEN NAME

Emma Burkholtz

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

216-05-3276

17. INFORMANT

ADDRESS

Edna M. Spangler-Wife- Same

18. 527.1

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) .....

Myocardial infarction

18 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(B) .....

Generalized pulmonary fibrosis

DUE TO

(C) .....

Pulmonary emphysema

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐22. I hereby certify that I attended the deceased from Oct. 8, 1943, to Jan 26, 1951, that I last saw the  
deceased alive on Jan 26, 1951, and that death occurred at 7: P.m., from the causes and on the date stated above.

23A. SIGNATURE

Kenna Zapp

M. D.

23B. ADDRESS

3101 W. Baltimore St.

23C. DATE SIGNED

1/29/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

BURIAL

24B. DATE

JAN. 30/51

24C. NAME OF CEMETERY OR CREMATORY

BALTIMORE CEMETERY

24D. LOCATION (City, town, or county)

BALTIMORE MARYLAND

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Christington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

F. P. W. Spangler &amp; Son - 1300 E. Euterpe

594548 000008 94a 7/c

# WALLEY

51 0893

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 0893  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Rosie Outlaw (FLEMING)

2. DATE  
OF  
DEATH

1/27/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

MD

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

14-01

D. STREET ADDRESS (If rural, give location)

308 PRESTMAN ST

Presstman

C. Length of stay in Baltimore

10 yrs

Yrs.  
Mos.  
Days

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

7/10/1916

9. AGE (In years  
last birthday)

34

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

DOMESTIC

10B. KIND OF BUSINESS OR  
INDUSTRY

HOUSEWIFE

11. BIRTHPLACE (State or foreign country)

CRAVEN COUNTY, N.C.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

ELLIS TILGHMAN

14. MOTHER'S MAIDEN NAME

IDA GREEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

NO

NO

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

THEODORE OUTLAW(H) 308 PRESSTMAN ST

18. 174x

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Carcinoma of Uterus

## ANTECEDENT CAUSES

DUE TO

(B)

Generalized Metastatic

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

Spread involving Peritoneum, lung liver.

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from  
Autopsy, Inspection or Inquiry  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....☐  
ASSISTANT MEDICAL EXAMINER.....☒  
M.D. MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

Jan 28 1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL

JAN. 31st, 51

SAN HILL

KINGSTON, N.C.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

CHARLES G. COOPER 512 CARROLLTON AV.

V S 151

7208A Charles G. Cooper 48B

MEDICAL CERTIFICATION

290





VALLEY  
GOLFERS  
BOND  
U.S.A.

51 0895

51 0895

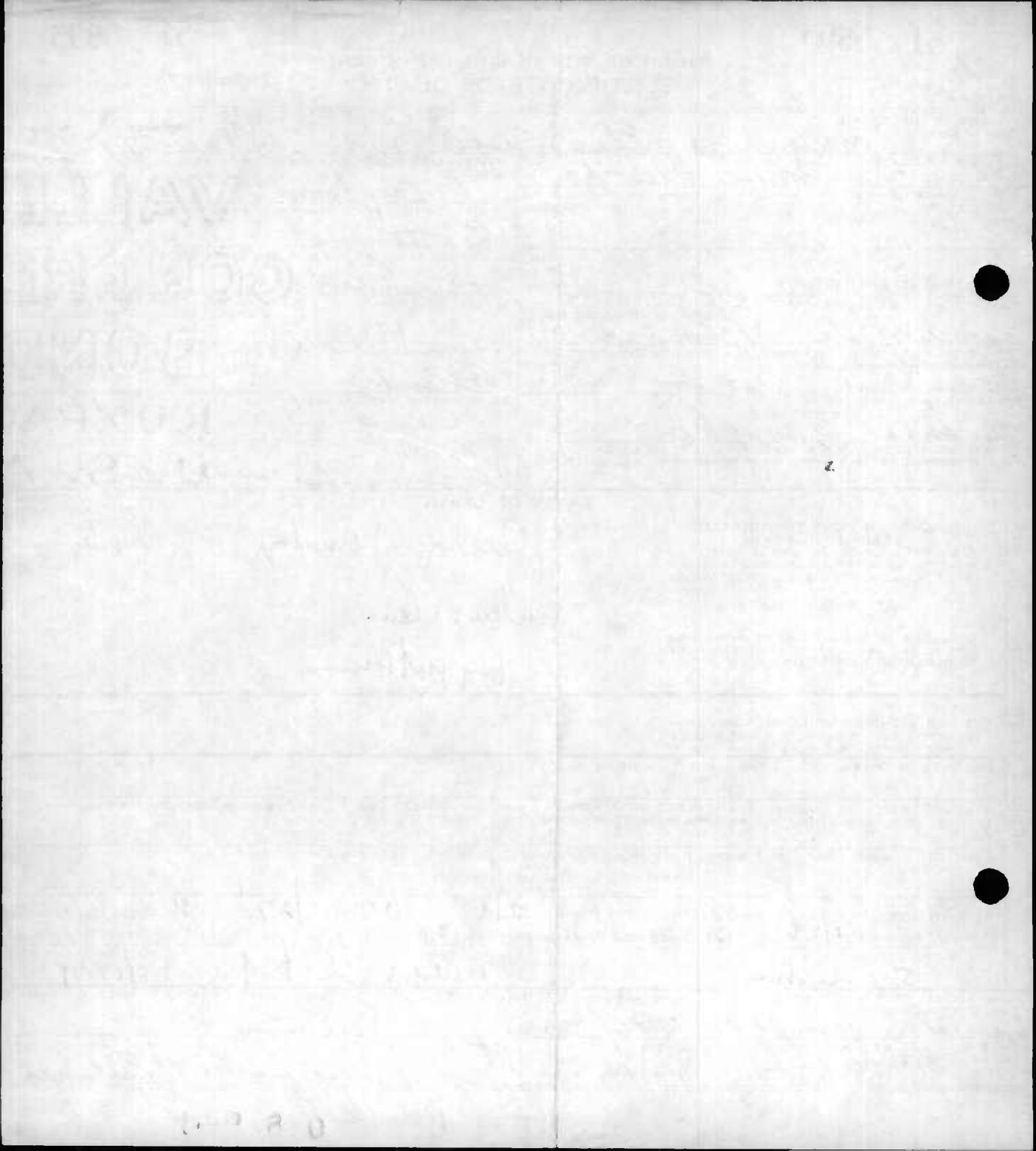
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

|   |                                  |   |  |  |  |
|---|----------------------------------|---|--|--|--|
| BIRTH NO. _____   |                                  | 1. NAME OF DECEASED<br>(Type or Print) <i>Maryanna Kifer (Keefer)</i>   |  | 2. DATE OF DEATH <i>Jan. 27/51</i>   |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland <i>2442 Fleet St</i>  |                                  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <i>Maryland</i> B. COUNTY _____ |  |  |  |
| B. FULL NAME OF HOSPITAL OR INSTITUTION _____   |                                  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><i>Baltimore</i> <i>1-03</i>                      |  |  |  |
| C. Length of stay in Baltimore _____  |                                  | D. STREET ADDRESS (If rural, give location)<br><i>2442 Fleet St.</i>  |  |  |  |
| 5. SEX<br><i>Female</i>   | 6. COLOR OR RACE<br><i>White</i> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><i>Widowed</i>   | 8. DATE OF BIRTH<br><i>1881</i>                            | 9. AGE (In years last birthday)<br><i>70</i>                                   | If Under 1 Year<br>Months: _____ Days: _____ |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><i>House work</i>  |                                  | 10B. KIND OF BUSINESS OR INDUSTRY<br><i>at home</i>   | 11. BIRTHPLACE (State or foreign country)<br><i>Poland</i> |  | 12. CITIZEN OF WHAT COUNTRY?<br><i>Unk.</i>  |
| 13. FATHER'S NAME<br><i>Michael Danyko</i>  |                                  | 14. MOTHER'S MAIDEN NAME<br><i>Unk.</i>   |  | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____        |  |
| 16. SOCIAL SECURITY NO. _____   |                                  | 17. INFORMANT<br><i>James Kifer</i>   |  | ADDRESS<br><i>2442 Fleet St</i>  |  |
| 18. <i>331X</i><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><br>ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><br>II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. |                                  | CAUSE OF DEATH<br>(A) <i>Cerebral hemorrhage</i><br>(B) <i>arter. sclerosis</i><br>(C) <i>hypertension</i>                        |  | INTERVAL BETWEEN ONSET AND DEATH<br><i>1 day</i>                               |  |
| 19A. DATE OF OPERATION <i>0</i>   |                                  | 19B. MAJOR FINDINGS OF OPERATION _____  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>       |  |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>  |                                  | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____                                   |  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____ |  |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____   |                                  | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                         |  | 21F. HOW DID INJURY OCCUR? _____   |  |
| 22. I hereby certify that I attended the deceased from <i>2/1</i> , 19 <i>40</i> , to <i>1/27</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>1/26</i> , 19 <i>51</i> , and that death occurred at <i>3 p</i> m., from the causes and on the date stated above.   |                                  |   |  |  |  |
| 23A. SIGNATURE<br><i>S. C. Zeldman</i>  |                                  | 23B. ADDRESS<br><i>1400 E. Balt 1</i>   |  | 23C. DATE SIGNED<br><i>1/17/51</i>   |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><i>Burial</i>  |                                  | 24B. DATE<br><i>Jan. 31/51</i>  |  | 24C. NAME OF CEMETERY OR CREMATORY<br><i>St. Mary's</i>                        |  |
| 24D. LOCATION (City, town, or county) (State)<br><i>Baltimore</i>   |                                  | 24E. FUNERAL DIRECTOR<br><i>Fred M. Ozajewski</i>   |  | 24F. ADDRESS<br><i>1938 Eastman</i>  |  |
| DATE RECEIVED BY LOCAL REGISTRAR<br><i>JAN 30 1951</i>  |                                  | REGISTRAR'S SIGNATURE<br><i>W. L. Williams</i>  |  | 25. FUNERAL DIRECTOR<br><i>Fred M. Ozajewski</i>                               |  |

19510000894 83a

MEDICAL CERTIFICATION



(3)

51 0896

BALTIMORE CITY HEALTH DEPARTMENT

51 0896

## CERTIFICATE OF DEATH

Registered No.

## 1. PLACE OF DEATH:

(a) Baltimore City, Maryland  
 3316 Edmondson Ave.  
 (b) Street address  
 (c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)  
 Life

(e) Length of stay in Baltimore (yrs., mos., or days)

(a) FULL NAME

Jesse F. Galloway

3 (b) If veteran, name war

3 (c) Social Security Account  
 No. 212 05 2123

4. Sex Male 5. Color or race White 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Viola C. Galloway

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 13, 1882

8. AGE: Years 68 Months 11 Days 13 If less than one day hr. min.

9. Birthplace Md.

(Town, county, and state)

10. Usual Occupation Machinist

11. Industry or business Calvert Distillery

12. Name Jesse F. Galloway

13. Birthplace ---

14. Maiden Name Catherine Dooley

15. Birthplace ---

16 (a) Informant Mrs. Viola C. Galloway

(b) Address 3316 Edmondson Ave.

17 (a) Burial (b) Date thereof Jan. 30/51

(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location 4300 Old Frederick Rd, Balto. Md.

18 (a) Funeral director Harry A. Lintz

(b) Address 4101 Edmondson Ave.

19 (a) JAN 30 1951 (b) Registrar

## 2. USUAL RESIDENCE OF DECEASED:

Md.  
 (a) State (b) County 16-08  
 Baltimore  
 (c) City or town  
 (If outside city or town limits, write RURAL and give town)  
 3316 Edmondson Ave.  
 (d) Street No. (If rural give location)  
 (e) Citizen of foreign country? (Yes or No)  
 If yes, name country

## MEDICAL CERTIFICATION

Jan. 26/51

20. DATE OF DEATH 19 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 8 1950 to January 26 1951, and that I last saw him alive on Jan. 26 1951.

Immediate cause of death Coronary  
 Thrombosis

Duration

2 hrs.

Due to Generalized Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: 2

## PHYSICIAN

Underline the  
 cause to which  
 death should be  
 charged statis-  
 tically.

of autopsy:

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?  
 (Specify type of place)

(e) Means of injury

23. Signature Morris W. Steinberg

Address 410 N. Hilton St Date signed Jan 29 1951

## INSTRUCTIONS FOR MEDICAL CERTIFICATION

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### WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

### DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

### DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words *due to* and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE

cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

### DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

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For additional discussion of this subject see PHYSICIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION issued by the U. S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.



51 0897

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 0897  
Registered No.

BIRTH NO.

|   |                              |  |  |
|---|------------------------------|--|--|
| 1. NAME OF DECEASED<br>(Type or Print) <b>EDWARD JOSEPH MADDOX</b>  |                              | 2. DATE OF DEATH<br><b>January 29, 1951</b>  |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland   |                              | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>Maryland</b><br>B. COUNTY |  |
| B. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>US Marine Hospital<br/>Wyman Pk. Drive &amp; 31st St.</b>       |                              | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore 20-07</b>                         |  |
| D. Length of stay in Baltimore <b>Life</b>  |                              | E. STREET ADDRESS (If rural, give location)<br><b>3742 Old Frederick Road</b>  |  |
| 5. SEX<br><b>M</b>  | 6. COLOR OR RACE<br><b>W</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Single</b>   | 8. DATE OF BIRTH<br><b>6/11/96</b>           |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Plumber</b> |                              | 10B. KIND OF BUSINESS OR INDUSTRY<br><b>Self-employed</b>  | 9. AGE (In years last birthday)<br><b>54</b> |
| 13. FATHER'S NAME<br><b>Christopher T. Maddox</b>   |                              | 14. MOTHER'S MAIDEN NAME<br><b>Alice O'Neal</b>  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)<br><b>Yes</b>                               |                              | 16. SOCIAL SECURITY NO.<br><b>?</b>  |  |
| 17. INFORMANT<br><b>Records- US Marine Hospital, Balto, Md.</b>   |                              | ADDRESS  |  |

|  |  |   |  |   |
|--|--|---|--|---|
| 18. <b>420.1</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>ANTecedent CAUSES</b><br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><br><b>II</b><br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. |  | CAUSE OF DEATH<br>(A) <b>Thoracotomy left and exploration of pericardium underlying cardiac disease revealed by autopsy.</b><br>DUE TO<br>(B) <b>Coronary sclerosis with occlusion and myocardial infarction, old.</b><br>DUE TO<br>(C) |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>Immediately post-operative</b><br><br><b>Unknown</b> |
|--|--|---|--|---|

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| 19A. DATE OF OPERATION<br><b>1/29/51</b>   |  | 19B. MAJOR FINDINGS OF OPERATION<br><b>As above</b>   |  | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |  |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>   |  | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)                 |  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)            |  |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  |  | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21F. HOW DID INJURY OCCUR?  |  |
| 22. I hereby certify that I attended the deceased from <b>Oct. 11</b> , 19 <b>50</b> to <b>Jan. 29</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>Jan. 29</b> , 19 <b>51</b> , and that death occurred at <b>10:33A</b> m., from the causes and on the date stated above. |  |   |  |   |  |
| 23A. SIGNATURE<br><b>John L. Wilson, Medical Director</b>  |  | 23B. ADDRESS<br><b>US Marine Hospital, Balto, Md.</b>   |  | 23C. DATE SIGNED<br><b>1/29/51</b>  |  |

|  |  |   |  |   |  |  |  |
|--|--|---|--|---|--|--|--|
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Buried</b> |  | 24B. DATE<br><b>2/6/51</b>                            |  | 24C. NAME OF CEMETERY OR CREMATORY<br><b>Balto National Cem</b> |  | 24D. LOCATION (City, town, or county) (State)<br><b>Balto. Md.</b> |  |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>IAN 3 01951</b>     |  | REGISTRAR'S SIGNATURE<br><b>Thurston Williams, MD</b> |  | 25. FUNERAL DIRECTOR<br><b>Nancy H. Witke</b>                   |  | ADDRESS<br><b>4101 Chardon Ave</b>                                 |  |

574 24 0 0 0 8 9 94a Balto 29



500

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51 0898

51 0898

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

JOHN REINSFELDER

2. DATE  
OF  
DEATH 1-29-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph's Hospital

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE  
Maryland.B. COUNTY  
Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

10-01

1030 Hillman Street

D. STREET ADDRESS (If rural, give location)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Ret. Boiler Maker

10B. KIND OF BUSINESS OR INDUSTRY

8. DATE OF BIRTH

Oct. 19, 1884

9. AGE (In years last birthday)

66

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Frank Reinsfelder

Boiler Maker

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.  
none

17. INFORMANT

ADDRESS

Paul Reinsfelder, 1013 Hillman Street

18. 331X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebrovascular hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Hypertension

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATHII  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-28-51, 19, to 1-29-51, 19, that I last saw the deceased alive on 1-29-51, 19, and that death occurred at 12:30 AM, from the causes and on the date stated above.

23A. SIGNATURE

Dr. Rodriguez Vega

M. D.

23B. ADDRESS

St. Joseph's Hospital

23C. DATE SIGNED

1-29-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

burial

24B. DATE

2/1/51

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William J. Williams, M.D.

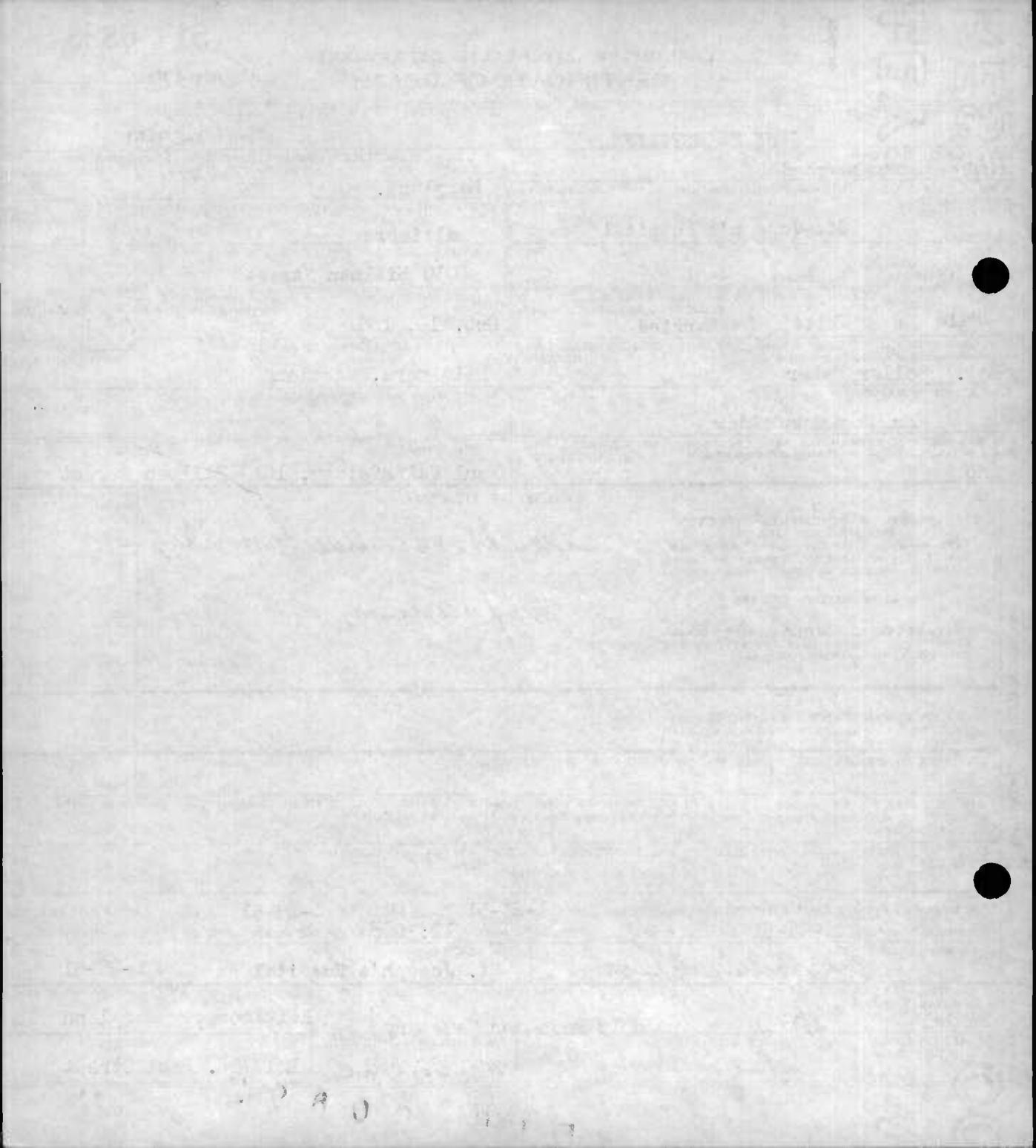
25. FUNERAL DIRECTOR

ADDRESS

Wm. Cook, Inc., 1217 St. Paul Street

50330000897

83a



200 51. 0899

51. 0899

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Ronley A. Fox

2. DATE  
OF  
DEATH

1/27/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

50 11 E. Lafayette Ave

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto 12-05

D. STREET ADDRESS (If rural, give location)

11 E. Lafayette Ave

5. SEX

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

8. DATE OF BIRTH

2/4/1936

9. AGE (in years last birthday)

14

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

Washington Penna

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

George Fox

14. MOTHER'S MAIDEN NAME

Mabel Martin

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Geo. Fox 11 E. Lafayette Ave

18. 204.0 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Chronic hyperplastic leukemias

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO  
(C)II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Aug. 29, 1950, to Jan. 27, 1951, that I last saw the deceased alive on Jan. 26, 1951, and that death occurred at 8 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Daniel B. Wolfe

23B. ADDRESS

13312 North Ave

23C. DATE SIGNED

1-29-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

1/30/51

Glen Haven

Glenburnie Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

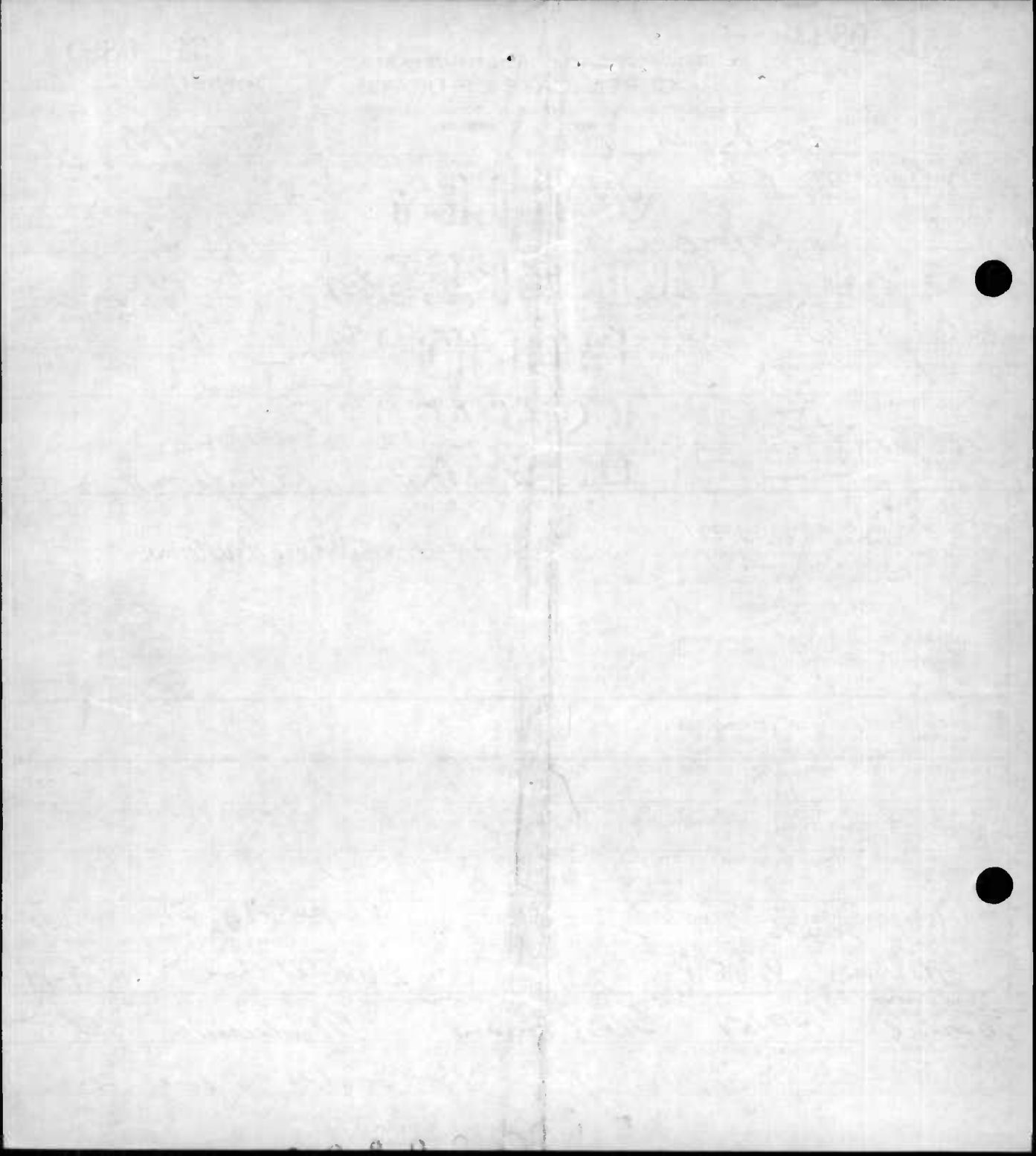
25. FUNERAL DIRECTOR

ADDRESS

JAN 30 1951

Huntington Williams, Jr.

Wm. Cook Inc. 1217 St. Paul St.



51 0900

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 0900  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

KAPP, Mrs. MARY P

2. DATE  
OF  
DEATH

JAN. 28, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland BALTIMORE, Maryland

5. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTIONHome for Incurables - 700 W. 40<sup>th</sup> ST.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

13-07

O. STREET ADDRESS (If rural, give location)

700 W. 40<sup>th</sup> St.

6. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5.

6. COLOR OR RACE

Female

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Sept. 18, 1880

9. AGE (in years  
last birthday)

70 yrs

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

House Keeper.

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

U S A.

13. FATHER'S NAME

E. F. PARKS

14. MOTHER'S MAIDEN NAME

Jennie Millender

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Betsey Ross - 700 W. 40<sup>th</sup> ST. BALTO. MD.

18. 356.1

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

Amyotrophic Lateral Sclerosis

3 1/2 yrs

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) DUE TO  
(C)

arteriosclerosis (Generalized)

3 1/2 yrs

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

22. I hereby certify that I attended the deceased from Jan. 20, 1950, to Jan. 28, 1951, that I last saw the deceased alive on Jan 27, 1951, and that death occurred at 8:45 a.m., from the causes and on the date stated above.

23A. SIGNATURE

W. Grafton Hershey

M. O.

23B. ADDRESS

214 Medical Bldg.

23C. DATE SIGNED

1/28/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Cremation

24B. DATE

1/30/51

24C. NAME OF CEMETERY OR CREMATORY

Green Mount

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

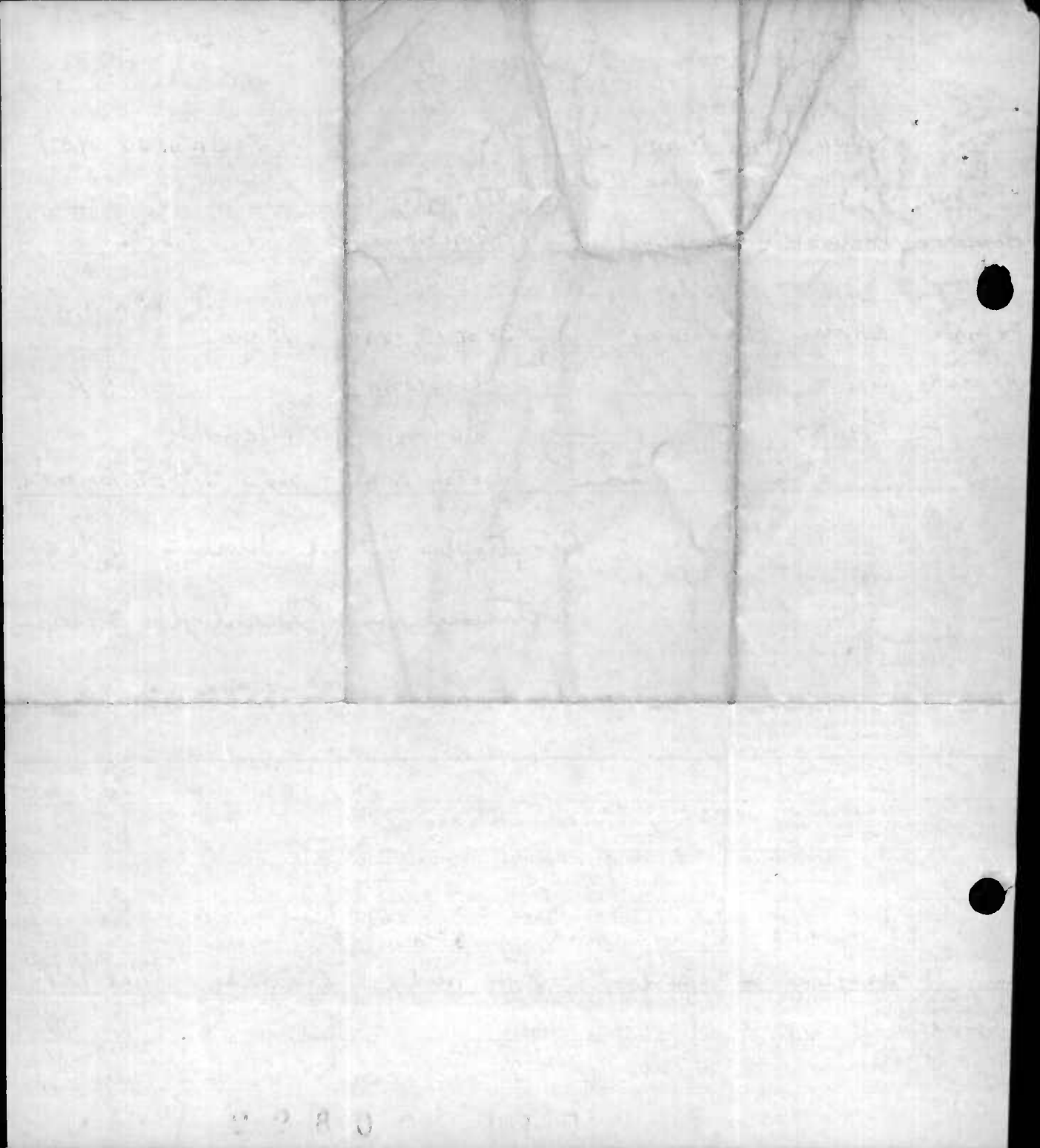
REGISTRAR'S SIGNATURE

W. Grafton Hershey

25. FUNERAL DIRECTOR

ADDRESS

W. B. Meade and Son 805 N. Calvert St.





51 0901

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0901

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

William McLaughlin

2. DATE  
OF  
DEATH

1-28-57

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

37 Mercy Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore 4-01D. STREET ADDRESS (If rural, give location)  
512 E. Baltimore St.

5. Length of stay in Baltimore

M. life

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

Feb. 7, 1900

9. AGE (In years  
last birthday)

50

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Salesman Printing

10B. KIND OF BUSINESS OR  
INDUSTRY

Printing

13. FATHER'S NAME

Harry H. McLaughlin

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Emma Yingling

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

Yes World War 2

16. SOCIAL  
SECURITY NO.

199-01-8190

17. INFORMANT

Deceased

ADDRESS

Ys. 420.1

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, ashenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Acute Myocardial Infarction

INTERVAL BETWEEN  
ONSET AND DEATH

2 days

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

Coronary Occlusion

2 days

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.① Acute Alcohol Psychosis  
② Portal Cirrhosis - Early

- 12 hrs

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐ NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

I hereby certify that I attended the deceased from 1/26/1957, to 1/28/1957, that I last saw the  
deceased alive on 1/28/1957, and that death occurred at 9:52 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Thomas B. Connor

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

1/28/57

4A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Jan 31, 1957

24C. NAME OF CEMETERY OR CREMATORY

Meadow Branch Westminster Carroll Md

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

JAN 30 1957

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

William Beryman &amp; Sons, Risterstown

ADDRESS

VS 150

4904110000000024a

1971

1971-1972

1971-1972

51 0902

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 0902  
Registered No.

BIRTH NO.

|  |                                   |  |  |
|--|-----------------------------------|--|--|
| 1. NAME OF DECEASED<br>(Type or Print) <b>HEAH SILVERBERG</b>  |                                   | 2. DATE OF DEATH <b>1-30-51</b>  |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland  |                                   | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>Md</b> B. COUNTY <b>15-10</b> |  |
| 5. FULL NAME OF (If not in hospital or institution, give street address or location)<br><b>4015 Cold Spring Lane</b> |                                   | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore</b>                                   |  |
| 6. Length of stay in Baltimore <b>36</b> Yrs. Mos. Days  |                                   | D. STREET ADDRESS (If rural, give location)<br><b>4015 Cold Spring Lane</b>  |  |
| 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>married</b>  | 8. DATE OF BIRTH                  | 9. AGE (In years, last birthday) <b>74</b>   | 10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min. |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>housewife</b>      | 10B. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country)<br><b>Russia</b>   |  |
| 12. CITIZEN OF WHAT COUNTRY?   |                                   | 13. FATHER'S NAME<br><b>Hyman</b>  |  |
| 14. MOTHER'S MAIDEN NAME<br><b>Rifka</b>   |                                   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)   |  |
| 16. SOCIAL SECURITY NO.  |                                   | 17. INFORMANT<br><b>Max Silverberg</b> ADDRESS <b>same</b>   |  |

|  |  |  |
|--|--|--|
| 18. <b>420.0</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Pulmonary Edema</b> | CAUSE OF DEATH<br>(A) <b>Pulmonary Edema</b><br>DUE TO | INTERVAL BETWEEN ONSET AND DEATH<br><b>1 hr.</b> |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><b>Arteriosclerosis Ht. Dis.</b>   | (B) <b>Arteriosclerosis Ht. Dis.</b><br>DUE TO         | <b>5 yrs.</b>                                    |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.<br><b>Pneumonia, Asthma, Arteriosclerosis of Coronaries</b>  | (C) <b>Arteriosclerosis</b><br>DUE TO                  | <b>10 yrs</b>                                    |

|   |   |  |
|---|---|--|
| 19A. DATE OF OPERATION <b>0</b>                 | 19B. MAJOR FINDINGS OF OPERATION  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)      | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21F. HOW DID INJURY OCCUR?   |

22. I hereby certify that I attended the deceased from **Jan. 14**, 19**48**, to **1-30-**, 19**51**, that I last saw the deceased alive on **Jan. 28, 1951**, and that death occurred at **5:30 A.M.**, from the causes and on the date stated above.

|   |   |                                    |
|---|---|------------------------------------|
| 23A. SIGNATURE<br><b>Samuel Blochen</b> | 23B. ADDRESS<br>M. D. <b>5901 Park Heights Apt.</b> | 23C. DATE SIGNED<br><b>1/30/51</b> |
|---|---|------------------------------------|

|   |  |  |  |
|---|--|--|--|
| 24. BURIAL, CREMATION, REMOVAL (Specify)<br><b>burial</b> | 24B. DATE<br><b>1-30-51</b>                              | 24C. NAME OF CEMETERY OR CREMATORY<br><b>Herring Run</b> | 24D. LOCATION (City, town, or county) (State)<br><b>Balto Md</b> |
| 25. FUNERAL RECEIVED BY<br><b>Jan 30 1951</b>             | REGISTRAR'S SIGNATURE<br><b>Huntington Williams, Jr.</b> | 25. FUNERAL DIRECTOR<br><b>Jack Kewers</b>               | ADDRESS<br><b>2100 Eastern Pl</b>                                |

Jonas Cohen  
1901 Park Hgts

RECEIVED

NOV 10 1901

100%

100%

100%

100%

100%

100%

100%

100%

100%

100%

100%

100%

213

51 0903

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 0903  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ROBERT NESBITT

2. DATE  
OF  
DEATH

25 Jan 51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTIONGood Samaritan Hosp.  
22 N. Carey St

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

425 S Bond St.

Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

1875

9. AGE (In years  
last birthday)

76

10 Under 1 Year  
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Labor

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Va

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

James Nesbitt

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, go or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

James Strake 425 S Bond St.

18. 422.1

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Cerebral thrombosis

DUE TO

Arteriosclerosis and

(B)

Hypertensive cerebral vascular

DUE TO

disease

(C)

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN  
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12 Jan, 1951, to 25 Jan, 1951, that I last saw the  
deceased alive on 25 Jan, 1951, and that death occurred at 4:30 P.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

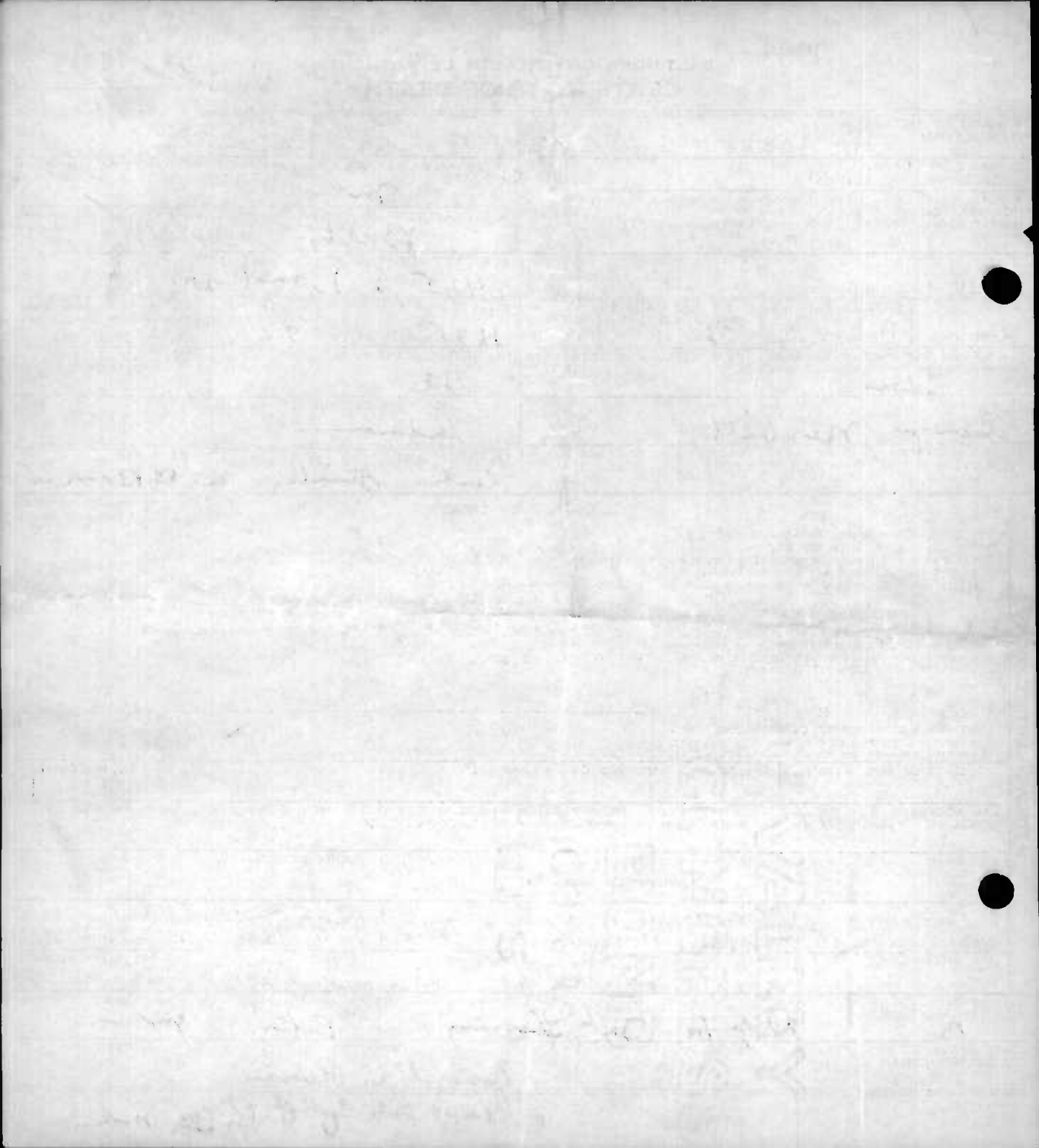
25. FUNERAL DIRECTOR

ADDRESS

VS 150

Joseph L. Roun

1200 Mc Call St  
Baltimore Md 935





51 0904

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0904

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Elizabeth Lipscomb

2. DATE  
OF  
DEATH

Jan. 26, 1951

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE Md

B. COUNTY

before admission)

b. FULL NAME OF (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

c. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 7-05

d. STREET ADDRESS (If rural, give location)

1630 E. Madison St

e. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

female

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

6-22-10

9. AGE (in years

last birthday)

40

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF

WHAT COUNTRY? 4-5-H

13. FATHER'S NAME

Walter Latum

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or for unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18. 592x

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Uremia

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Chronic nephritis (type undetermined)

(C)

INTERVAL BETWEEN ONSET AND DEATH

5 mos.

?

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/24/51 to 1/26/51, that I last saw the deceased alive on 1/26/51 and that death occurred at 9:10 p.m., from the causes and on the date stated above.

23a. SIGNATURE

Victor A. McKimble, M.D.

23b. ADDRESS

JOHNS HOPKINS HOSPITAL

23c. DATE SIGNED

Jan. 26 51

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

1-31-51

24c. NAME OF CEMETERY OR CREMATORY

Archives

24d. LOCATION (City, town or county)

Baltimore, Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

JAN 30 1951

REGISTRAR'S SIGNATURE

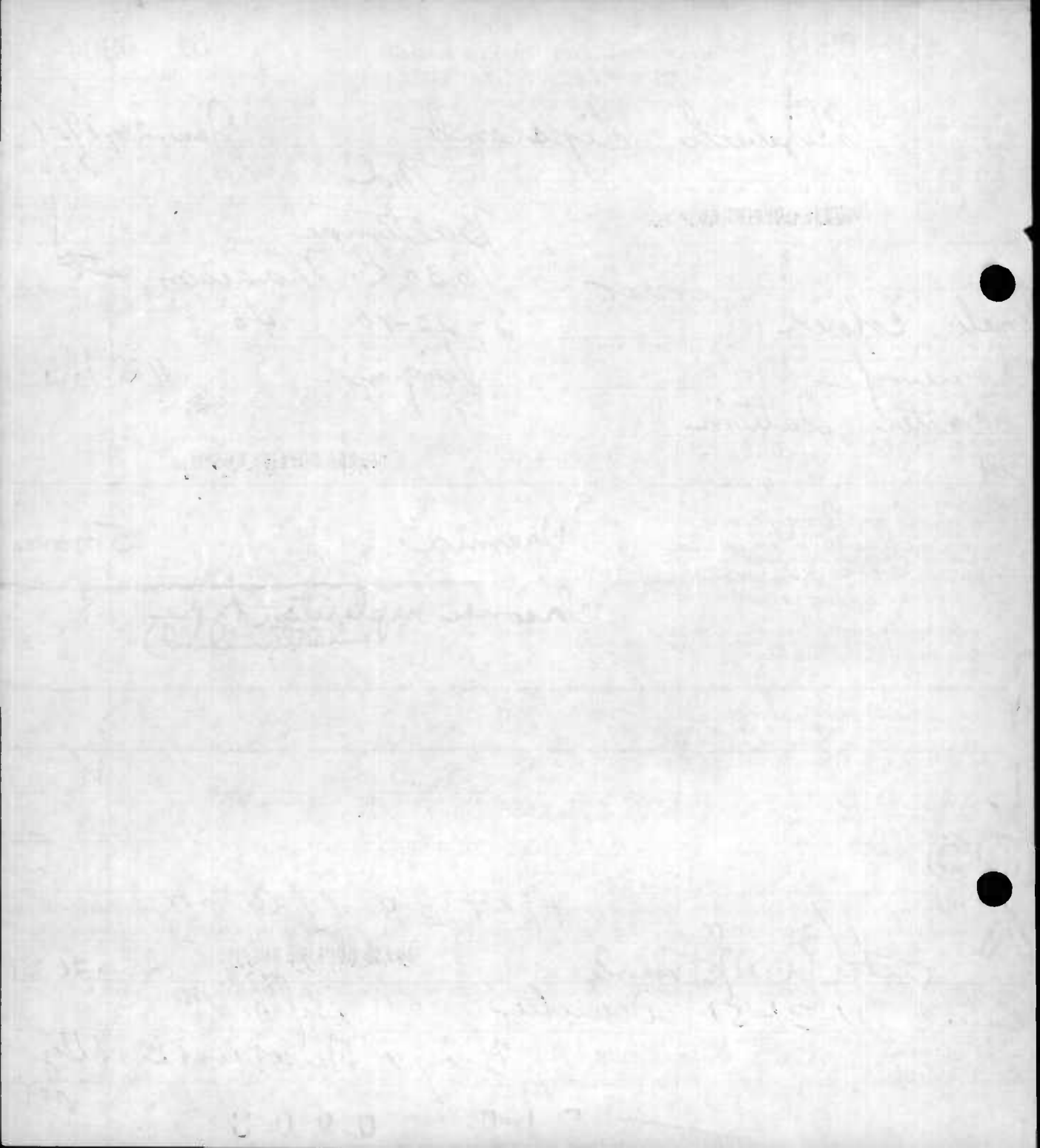
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Elroy O. Wilson 1008 Brantly

ADDRESS





51. 0905

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51. 0905

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

James Cummings

2. DATE  
OF  
DEATH

1-27-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto. city

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Johns Hopkins Hospital

Length of stay in Baltimore

50 yrs

Yrs.  
Mos.  
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)10. Under 1 Year  
Months Days11. Under 24 Hours  
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Janitor

10B. KIND OF BUSINESS OR INDUSTRY

Housing Brg.

11. BIRTHPLACE (State or foreign country)

Hartford Co. Md

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Simon Cummings

14. MOTHER'S MAIDEN NAME

Dorinda Devane

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

John Cummings 206 Beal St

18. 422.1

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A) Atherosclerotic Cardiovascular

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN  
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William Wood

23B. CHIEF MEDICAL EXAMINER.....

23C. DATE SIGNED

ASSISTANT MEDICAL EXAMINER.....

1-28-51

M.D.

MEDICAL INVESTIGATOR.....

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 151

970731 000090935 Van

MEDICAL CERTIFICATION



56

51 0906

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0906

Registered No.

BIRTH NO. 51-02199

1. NAME OF DECEASED  
(Type or Print)

Baby Girl O'Connor

2. DATE  
OF  
DEATH

1/29/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Merry Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore 10-01D. STREET ADDRESS (If rural, give location)  
600 E. Chase St.

Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

1/29/51

9. AGE (In years  
last birthday)If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

9 50

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Michael F. O'Connor

14. MOTHER'S MAIDEN NAME

Loretta Kincaid

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

Mother

ADDRESS

600 E. Chase St.

18. 776+

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Prematurity

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Bilateral Atelelectasia

INTERVAL BETWEEN  
ONSET AND DEATH

9h. 50 min.

19A. DATE OF OPERATION

1/29/51

19B. MAJOR FINDINGS OF OPERATION

Bronchopneumonia - Atelelectasia

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/29 1951, to 4/29 1951, that I last saw the  
deceased alive on 4/29 1951, and that death occurred at 8:35 P.m., from the causes and on the date stated above.

23A. SIGNATURE

J. B. Kever

23B. ADDRESS

Merry Hospital

23C. DATE SIGNED

1/29/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

1/30/51

24D. LOCATION (City, town, or county)

Cathedral

(State)

Baltimore

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

J. B. Kever

25. FUNERAL DIRECTOR

Rita Wiedefeld

ADDRESS

E. Biddle

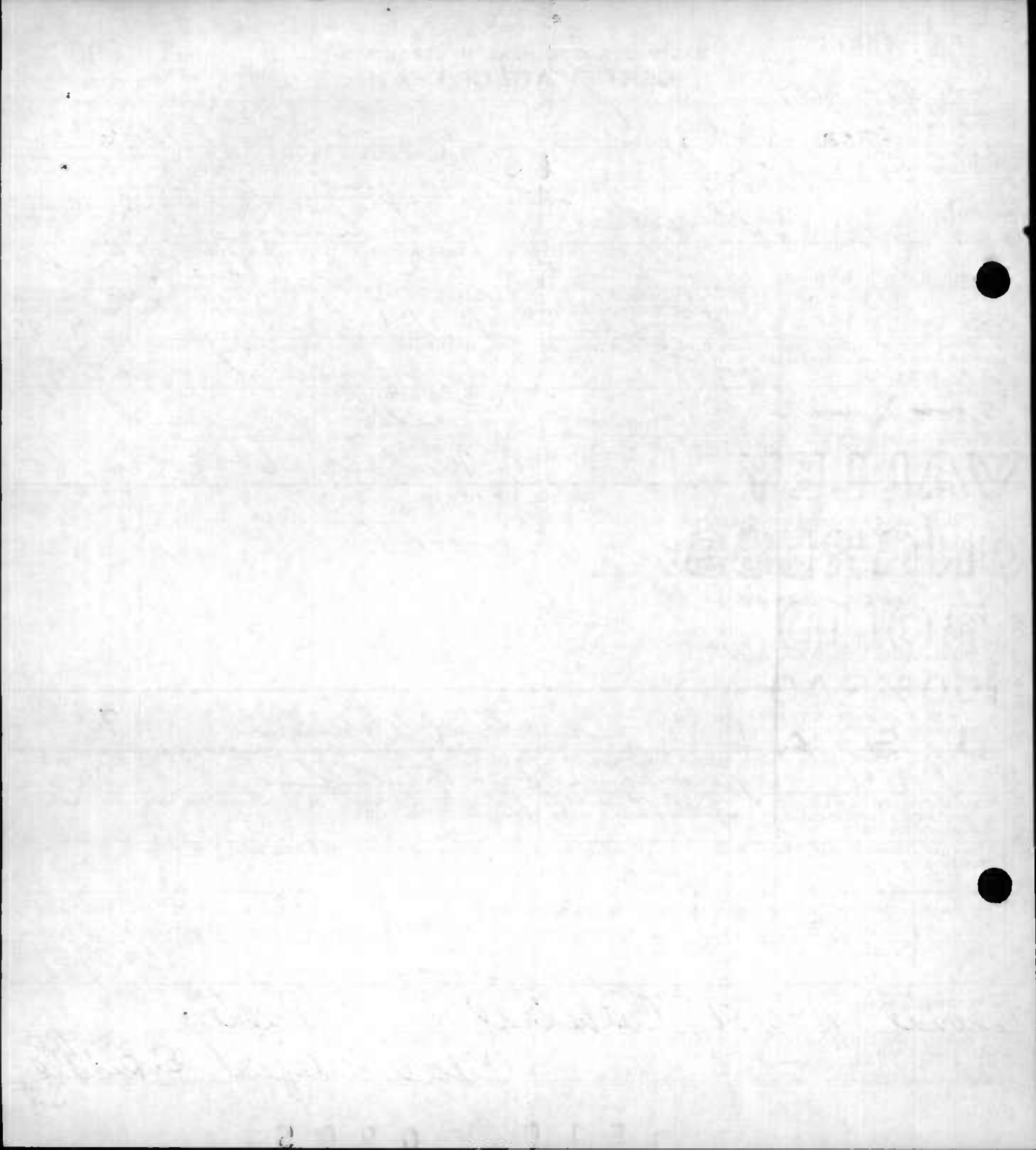
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19510000205

159

ST

MEDICAL CERTIFICATION



514 51 0907 Knoppel. BALTIMORE CITY HEALTH DEPARTMENT  
**CERTIFICATE OF DEATH** Registered No. 51 0907

BIRTH NO.

|   |                                  |  |  |
|---|----------------------------------|--|--|
| 1. NAME OF DECEASED<br>(Type or Print) <b>FRANCES Knoppel</b>   |                                  | 2. DATE OF DEATH<br><b>1/28/51</b>   |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland <b>Maryland General Hospital</b>                              |                                  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>STATE <b>Maryland</b><br>B. COUNTY <b>Baltimore</b> |  |
| 5. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>Maryland General Hospital</b>                                     |                                  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore</b>   |  |
| 6. LENGTH OF STAY IN BALTIMORE<br><b>LIFE</b>   |                                  | D. STREET ADDRESS (If rural, give location)<br><b>2122 Federal Street #13</b>  |  |
| 5. SEX<br><b>FEMALE</b>   | 6. COLOR OR RACE<br><b>White</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Widowed</b>  | 8. DATE OF BIRTH<br><b>7/16/86</b>           |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>housework</b> |                                  | 10B. KIND OF BUSINESS OR INDUSTRY  | 9. AGE (In years last birthday)<br><b>64</b> |
| 13. FATHER'S NAME<br><b>William Stewart</b>   |                                  | 11. BIRTHPLACE (State or foreign country)<br><b>Baltimore</b>  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)   |                                  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.</b>  |  |
| 16. SOCIAL SECURITY NO.   |                                  | 14. MOTHER'S MAIDEN NAME<br><b>Barbara</b>   |  |
| 17. INFORMANT   |                                  | ADDRESS  |  |

18. **155X** CAUSE OF DEATH  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  
**Olesterter jaundice**  
DUE TO  
**Ca of gall bladder.**  
ANTECEDENT CAUSES  
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  
**Mucous D Pancreas.**  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  
**Diabetic Mellitus.**

INTERVAL BETWEEN ONSET AND DEATH

|  |  |   |
|--|--|---|
| 19A. DATE OF OPERATION<br><b>1/18/51</b>   | 19B. MAJOR FINDINGS OF OPERATION<br><b>adeno Carcinoma of Gall Bladder</b>                             | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/> | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)               | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)            |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY                                      | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21F. HOW DID INJURY OCCUR?  |

22. I hereby certify that I attended the deceased from **1/13**, 19**51**, to **1/28**, 19**51**, that I last saw the deceased alive on **1/28**, 19**51**, and that death occurred at **5:4** m., from the causes and on the date stated above.

23A. SIGNATURE  
**W. K. Linder**

23B. ADDRESS  
M. D. **Maryland General Hospital**

23C. DATE SIGNED  
**1/28/51**

|  |                               |  |   |
|--|-------------------------------|--|---|
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> | 24B. DATE<br><b>Jan 31/51</b> | 24C. NAME OF CEMETERY OR CREMATORY<br><b>Holy Redeemer</b> | 24D. LOCATION (City, town, or county) (State)<br><b>Baltimore</b> |
|--|-------------------------------|--|---|

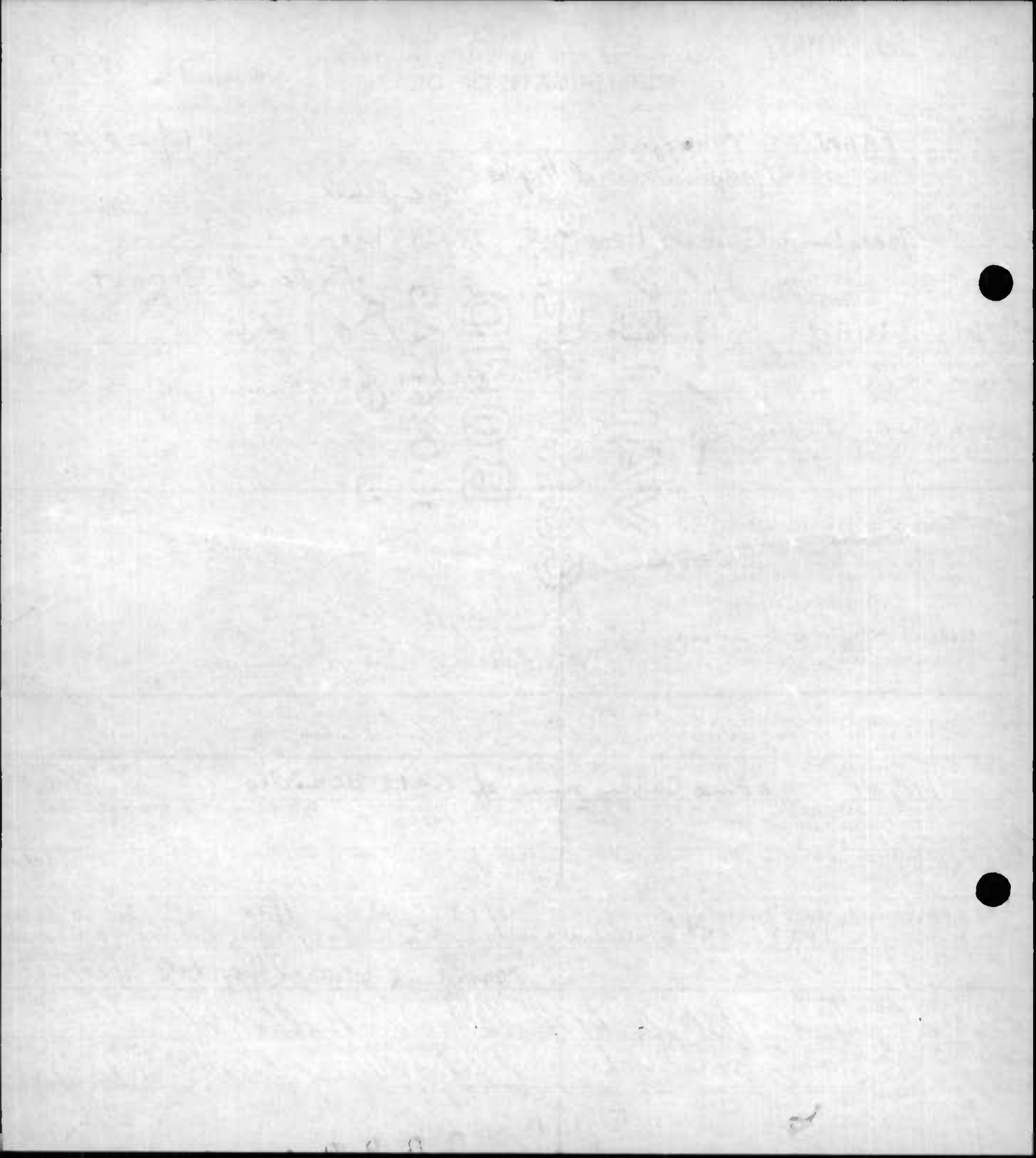
DATE RECEIVED BY LOCAL REGISTRAR  
**IAN 301951**

REGISTRAR'S SIGNATURE  
**Antington Williams, M.D.**

25. FUNERAL DIRECTOR  
**Philip Henry Sons, 2024 Orleans St**

ADDRESS

VS 150 1 9 5 72043 0 0 9 0 46F





51 0908

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 0908

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Monzelle

ROBINSON

2. DATE  
OF  
DEATH

January 24, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE Maryland

B. COUNTY before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

828 Carrollton Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

16-01

D. STREET ADDRESS (If rural, give location)

828 Carrollton Ave.

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

July 13, 1901

9. AGE (In years  
last birthday)

49

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Georgia

12. CITIZEN OF  
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Miss Elaine Shaw 828 N Carrollton Ave

18. 451 X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Rupture of dissecting aneurysm of aorta

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley K. Dineen

M.D.

23B. CHIEF MEDICAL EXAMINER.....☐ASSISTANT MEDICAL EXAMINER.....☐MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

Jan. 25, 1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

1-31-51

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cem

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

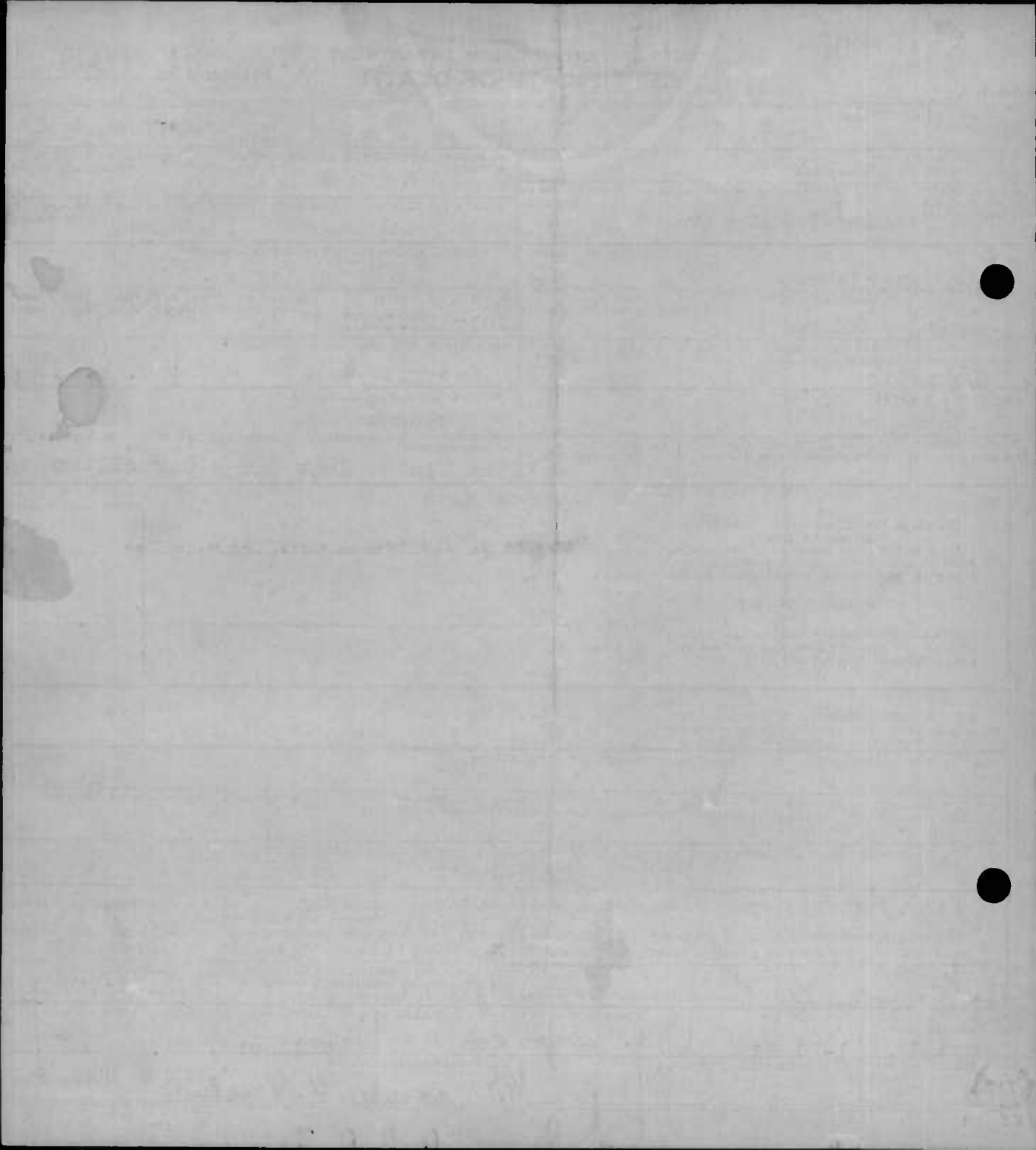
ADDRESS

578 W. Biddle St.

JAN 30 1951

VS 151

30D



| 56 51 0909   |                       | BALTIMORE CITY HEALTH DEPARTMENT  |                                  | 51 0909   |  |
|--|-----------------------|---|----------------------------------|---|--|
| BIRTH NO.  |                       | CERTIFICATE OF DEATH  |                                  | Registered No.  |  |
| 1. NAME OF DECEASED<br>(Type or Print)   |                       | Margaret Palmer   |                                  | 2. DATE OF DEATH<br>1-26-51   |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland  |                       | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE Maryland B. COUNTY  |                                  |   |  |
| B. FULL NAME OF HOSPITAL OR INSTITUTION<br>Provident Hospital  |                       | C. CITY OR TOWN<br>Baltimore 18-02  |                                  |   |  |
| C. Length of stay in Baltimore<br>Life   |                       | D. STREET ADDRESS (If rural, give location)<br>328 - N. Carrollton Ave.   |                                  |   |  |
| 5. SEX<br>Fe   | 6. COLOR OR RACE<br>C | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)   | 8. DATE OF BIRTH<br>Nov. 7, 1880 | 9. AGE (In years last birthday)<br>70   | If Under 1 Year Months: Days Hours: Min. |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>none  |                       | 10B. KIND OF BUSINESS OR INDUSTRY   |                                  | 11. BIRTHPLACE (State or foreign country)<br>Maryland                               |  |
| 13. FATHER'S NAME<br>Unknown   |                       | 12. CITIZEN OF WHAT COUNTRY?<br>U.S.A.  |                                  | 14. MOTHER'S MAIDEN NAME<br>Unknown   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)  |                       | 16. SOCIAL SECURITY NO.   |                                  | 17. INFORMANT ADDRESS<br>Mrs. Florence Carr 430 N. Eden St.                         |  |
| 18. 442X<br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><br>ANTECEDENT CAUSES<br><br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><br>II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. |                       | CAUSE OF DEATH<br>(A) Uremia<br>DUE TO Nephrosclerosis (benign)<br>(B) Generalized Arteriosclerosis<br>DUE TO Senility<br>(C)<br><br>Distention of Bladder & hydronephrosis |                                  | INTERVAL BETWEEN ONSET AND DEATH<br>1 month<br>Several years<br>3 weeks             |  |
| 19A. DATE OF OPERATION<br>2  |                       | 19B. MAJOR FINDINGS OF OPERATION  |                                  | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |  |
| 21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH  |                       | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)   |                                  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)            |  |
| 21D. TIME (Month) (Day) (Year) (Hour)<br>INJURY  |                       | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |                                  | 21F. HOW DID INJURY OCCUR?  |  |
| 22. I hereby certify that I attended the deceased from 1-12-51, to 1-26-51, that I last saw the deceased alive on 1-26-51, and that death occurred at 6:30 A. M., from the causes and on the date stated above.  |                       |   |                                  |   |  |
| 23A. SIGNATURE<br>J. Mark Cox  |                       | 23B. ADDRESS<br>M. D. 1514 - Division St.   |                                  | 23C. DATE SIGNED<br>1-26-51   |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial  |                       | 24B. DATE<br>1-30-51  |                                  | 24C. NAME OF CEMETERY OR CREMATORY<br>Arbutus Mem Park                              |  |
| DATE RECEIVED BY LOCAL REGISTRAR<br>JAN 30 1951  |                       | REGISTRAR'S SIGNATURE<br>Huntington Williams, Jr.   |                                  | 24D. LOCATION (City, town, or county) (State)<br>Baltimore Co., Md.                 |  |
| VS 150   |                       | 25. FUNERAL DIRECTOR<br>M. J. Trause & H. Heusch  |                                  | ADDRESS<br>578 W. Biddle St.  |  |

MEDICAL CERTIFICATION

1510200900 131a

March 1, 1900

Dear Sir,

I have the honor to acknowledge the receipt of your letter of the 28th inst.

and in reply to inform you that the same has been forwarded to the proper authorities for their consideration.

I am, Sir, very respectfully,  
Yours truly,  
J. H. [Signature]

Very truly yours,  
J. H. [Signature]

Enclosed for you are two copies of the report of the committee on the subject of the proposed amendment to the constitution of the [Organization], which was adopted at the annual meeting of the [Organization] held at [Location] on the [Date].

I am, Sir, very respectfully,  
Yours truly,  
J. H. [Signature]

035

51 0910

BALTIMORE CITY HEALTH DEPARTMENT

51 0910

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ORTENSIA V. BERTONE

2. DATE OF DEATH

Jan. 29, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Med. Dep 3

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Ind

B. COUNTY

Balto.

5. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Rogers Forge

5300

6. STREET ADDRESS (If rural, give location)

418 Hopkins Rd

7. LENGTH OF STAY IN BALTIMORE

Yrs.

Mos.

Days

8. DATE OF BIRTH

8-1-17

9. AGE (In years last birthday)

33

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

never employed

11. BIRTHPLACE (State or foreign country)

Ind

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Eugene Bertone

14. MOTHER'S MAIDEN NAME

Marie Zaccaro

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

JONES HOPKINS HOSPITAL

ADDRESS

18. 754.4

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary atelectasis + infection

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Cardiac due to Cong heart disease

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

1 week

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒

NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/11, 1951, to 1/29, 1951, that I last saw the deceased alive on 1/29, 1951, and that death occurred at 11:25 PM, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

JONES HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/2/51

24C. NAME OF CEMETERY OR CREMATORY

Cedar Hill Cem.

24D. LOCATION (City, town, or county) (State)

A. A. Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR

JAN 30 1951

REGISTRAR'S SIGNATURE

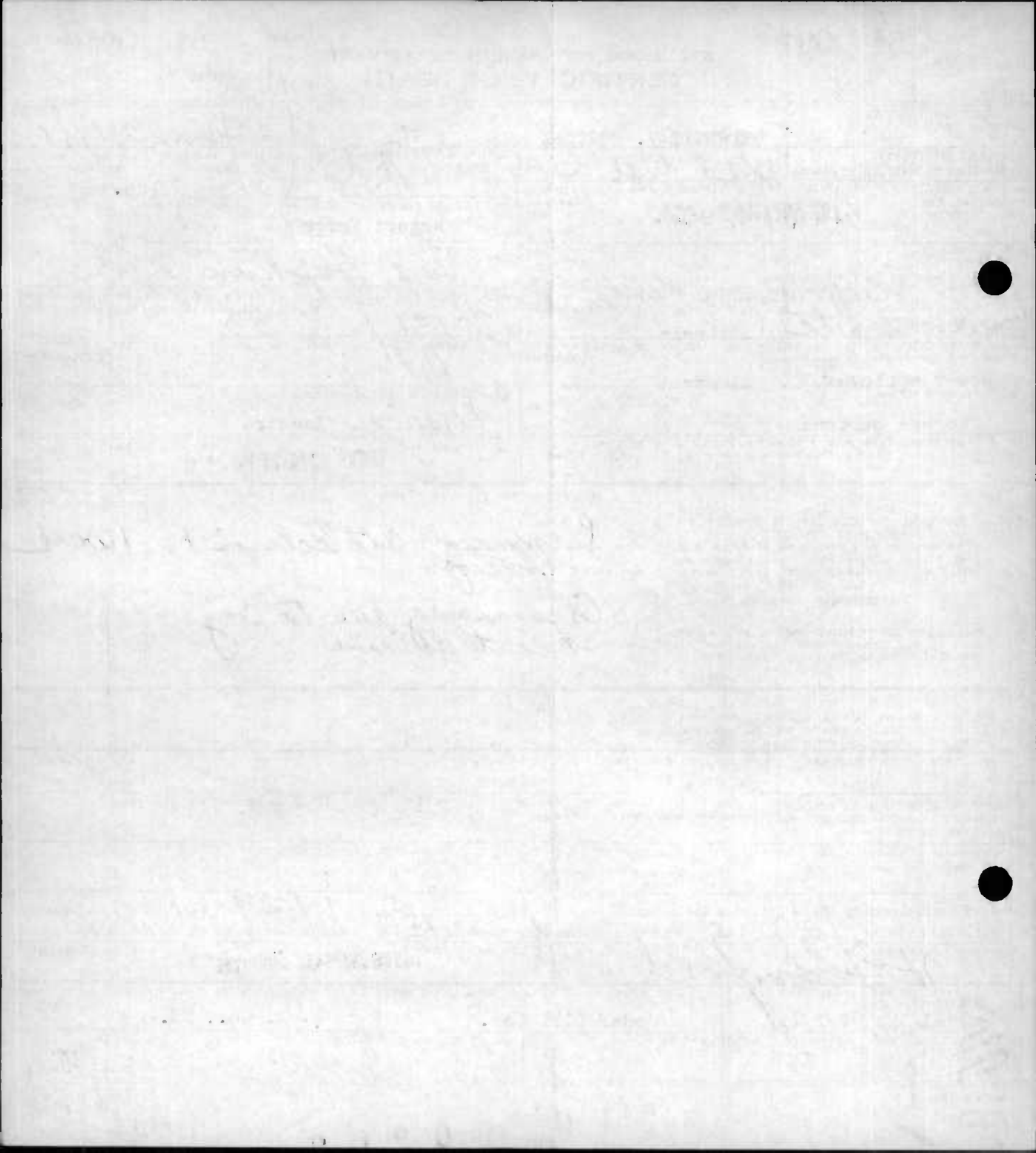
25. FUNERAL DIRECTOR

26. ADDRESS

VS 150

19510000900

157E



F-616  
51 0911  
F-160-10

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0911  
Registered No.

|   |                                  |   |  |  |   |
|---|----------------------------------|---|--|--|---|
| 1. NAME OF DECEASED<br>(Type or Print) <b>Joseph Foxbear (Fobear)</b>   |                                  |   | 2. DATE OF DEATH <b>1-28-51</b>  |  |   |
| 3. PLACE OF DEATH:<br>a. Baltimore City, Maryland   |                                  |   | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>MARYLAND</b><br>b. COUNTY |  |   |
| b. FULL NAME OF (If not in hospital or institution, give street address or location)<br><b>FRANKLIN SQUARE Hosp. D.O.A.</b> |                                  |   | c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>BALTIMORE 20-03</b>                         |  |   |
| c. Length of stay in Baltimore <b>5 YRS.</b>  |                                  |   | d. STREET ADDRESS (If rural, give location)<br><b>2003 W. Pratt St.</b>  |  |   |
| 5. SEX<br><b>MALE</b>   | 6. COLOR OR RACE<br><b>White</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>SINGLE</b>  | 8. DATE OF BIRTH<br><b>June 1889</b>   | 9. AGE (In years last birthday)<br><b>61</b>                 | If Under 1 Year<br>Months: Days: If Under 24 Hours<br>Hours: Min. |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>LABORER</b>               |                                  | 10B. KIND OF BUSINESS OR INDUSTRY<br><b>Laundry</b>   |  | 11. BIRTHPLACE (State or foreign country)<br><b>New York</b> |   |
| 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>   |                                  | 13. FATHER'S NAME<br><b>Unknown</b>   |  |  |   |
| 14. MOTHER'S MAIDEN NAME<br><b>Unknown</b>  |                                  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)<br><b>YES World War I</b> |  |  |   |
| 16. SOCIAL SECURITY NO.<br><b>217-12-3997</b>   |                                  | 17. INFORMANT ADDRESS<br><b>John Blackiston 2003 W. Pratt St.</b>   |  |  |   |

|  |  |                                  |
|--|--|----------------------------------|
| 18. <b>442X</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Hypertensive Cardiovascular Disease</b><br>DUE TO<br><b>Disease</b><br><b>Generalized Arteriosclerosis</b> |  | INTERVAL BETWEEN ONSET AND DEATH |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  |  |                                  |

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| 19A. DATE OF OPERATION   |  | 19B. MAJOR FINDINGS OF OPERATION  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.   |  | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                  |  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)            |  |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  |  | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21F. HOW DID INJURY OCCUR?  |  |
| 22. I certify that I took charge of the remains described above, held an <b>Inspection</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> |  |   |  |   |  |
| 23A. SIGNATURE<br><b>William V. Smith</b>  |  | 23B. CHIEF MEDICAL EXAMINER.....<br>M.D. ASSISTANT MEDICAL EXAMINER.....<br><b>1-28-51</b>                |  | 23C. DATE SIGNED  |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>BURIAL</b>   |  | 24B. DATE<br><b>1-31-51</b>   |  | 24C. NAME OF CEMETERY OR CREMATORY<br><b>BALTIMORE NATIONAL BALTIMORE, Md.</b>      |  |
| 24D. LOCATION (City, town, or county) (State)<br><b>BALTIMORE, Md.</b>   |  | 25. FUNERAL DIRECTOR<br><b>Geo. L. Schwab</b><br><b>2008 Frederick Ave</b>                                |  |   |  |
| DATE RECEIVED BY LOCAL REGISTRAR   |  | REGISTRAR'S SIGNATURE<br><b>William V. Smith</b>  |  | 25. FUNERAL DIRECTOR ADDRESS  |  |



ALABAMA CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

|  |  |
|--|--|
| <p>1. Name of deceased: _____</p>        |  |
| <p>2. Sex: _____</p>                     |  |
| <p>3. Age: _____</p>                     |  |
| <p>4. Date of birth: _____</p>           |  |
| <p>5. Place of birth: _____</p>          |  |
| <p>6. Usual residence: _____</p>         |  |
| <p>7. Date of death: _____</p>           |  |
| <p>8. Time of death: _____</p>           |  |
| <p>9. Cause of death: _____</p>          |  |
| <p>10. Signature of physician: _____</p> |  |
| <p>11. Signature of registrar: _____</p> |  |
| <p>12. Signature of witness: _____</p>   |  |
| <p>13. Signature of witness: _____</p>   |  |
| <p>14. Signature of witness: _____</p>   |  |
| <p>15. Signature of witness: _____</p>   |  |
| <p>16. Signature of witness: _____</p>   |  |
| <p>17. Signature of witness: _____</p>   |  |
| <p>18. Signature of witness: _____</p>   |  |
| <p>19. Signature of witness: _____</p>   |  |
| <p>20. Signature of witness: _____</p>   |  |
| <p>21. Signature of witness: _____</p>   |  |
| <p>22. Signature of witness: _____</p>   |  |
| <p>23. Signature of witness: _____</p>   |  |
| <p>24. Signature of witness: _____</p>   |  |
| <p>25. Signature of witness: _____</p>   |  |
| <p>26. Signature of witness: _____</p>   |  |
| <p>27. Signature of witness: _____</p>   |  |
| <p>28. Signature of witness: _____</p>   |  |
| <p>29. Signature of witness: _____</p>   |  |
| <p>30. Signature of witness: _____</p>   |  |
| <p>31. Signature of witness: _____</p>   |  |
| <p>32. Signature of witness: _____</p>   |  |
| <p>33. Signature of witness: _____</p>   |  |
| <p>34. Signature of witness: _____</p>   |  |
| <p>35. Signature of witness: _____</p>   |  |
| <p>36. Signature of witness: _____</p>   |  |
| <p>37. Signature of witness: _____</p>   |  |
| <p>38. Signature of witness: _____</p>   |  |
| <p>39. Signature of witness: _____</p>   |  |
| <p>40. Signature of witness: _____</p>   |  |
| <p>41. Signature of witness: _____</p>   |  |
| <p>42. Signature of witness: _____</p>   |  |
| <p>43. Signature of witness: _____</p>   |  |
| <p>44. Signature of witness: _____</p>   |  |
| <p>45. Signature of witness: _____</p>   |  |
| <p>46. Signature of witness: _____</p>   |  |
| <p>47. Signature of witness: _____</p>   |  |
| <p>48. Signature of witness: _____</p>   |  |
| <p>49. Signature of witness: _____</p>   |  |
| <p>50. Signature of witness: _____</p>   |  |
| <p>51. Signature of witness: _____</p>   |  |
| <p>52. Signature of witness: _____</p>   |  |
| <p>53. Signature of witness: _____</p>   |  |
| <p>54. Signature of witness: _____</p>   |  |
| <p>55. Signature of witness: _____</p>   |  |
| <p>56. Signature of witness: _____</p>   |  |
| <p>57. Signature of witness: _____</p>   |  |
| <p>58. Signature of witness: _____</p>   |  |
| <p>59. Signature of witness: _____</p>   |  |
| <p>60. Signature of witness: _____</p>   |  |
| <p>61. Signature of witness: _____</p>   |  |
| <p>62. Signature of witness: _____</p>   |  |
| <p>63. Signature of witness: _____</p>   |  |
| <p>64. Signature of witness: _____</p>   |  |
| <p>65. Signature of witness: _____</p>   |  |
| <p>66. Signature of witness: _____</p>   |  |
| <p>67. Signature of witness: _____</p>   |  |
| <p>68. Signature of witness: _____</p>   |  |
| <p>69. Signature of witness: _____</p>   |  |
| <p>70. Signature of witness: _____</p>   |  |
| <p>71. Signature of witness: _____</p>   |  |
| <p>72. Signature of witness: _____</p>   |  |
| <p>73. Signature of witness: _____</p>   |  |
| <p>74. Signature of witness: _____</p>   |  |
| <p>75. Signature of witness: _____</p>   |  |
| <p>76. Signature of witness: _____</p>   |  |
| <p>77. Signature of witness: _____</p>   |  |
| <p>78. Signature of witness: _____</p>   |  |
| <p>79. Signature of witness: _____</p>   |  |
| <p>80. Signature of witness: _____</p>   |  |
| <p>81. Signature of witness: _____</p>   |  |
| <p>82. Signature of witness: _____</p>   |  |
| <p>83. Signature of witness: _____</p>   |  |
| <p>84. Signature of witness: _____</p>   |  |
| <p>85. Signature of witness: _____</p>   |  |
| <p>86. Signature of witness: _____</p>   |  |
| <p>87. Signature of witness: _____</p>   |  |
| <p>88. Signature of witness: _____</p>   |  |
| <p>89. Signature of witness: _____</p>   |  |
| <p>90. Signature of witness: _____</p>   |  |
| <p>91. Signature of witness: _____</p>   |  |
| <p>92. Signature of witness: _____</p>   |  |
| <p>93. Signature of witness: _____</p>   |  |
| <p>94. Signature of witness: _____</p>   |  |
| <p>95. Signature of witness: _____</p>   |  |
| <p>96. Signature of witness: _____</p>   |  |
| <p>97. Signature of witness: _____</p>   |  |
| <p>98. Signature of witness: _____</p>   |  |
| <p>99. Signature of witness: _____</p>   |  |
| <p>100. Signature of witness: _____</p>  |  |

652 51 0912

51 0912

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

|  |                                  |   |  |                                   |  |  |  |  |   |
|--|----------------------------------|---|--|-----------------------------------|--|--|--|--|---|
| BIRTH NO. _____  |                                  |   | 1. NAME OF DECEASED<br>(Type or Print) <b>John E. Byrnes</b>   |                                   |  | 2. DATE OF DEATH <b>1-27-1957</b>  |  |  |   |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland <b>Baltimore</b>   |                                  |   | 4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)<br>A. STATE <b>md</b> B. COUNTY _____    |                                   |  |  |  |  |   |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)<br><b>1018 Valley St.</b>   |                                  |   | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore 10-01</b>                         |                                   |  |  |  |  |   |
| C. Length of stay in Baltimore<br><b>57</b> Yrs.<br><b>16</b> Mos.<br><b>16</b> Days   |                                  |   | D. STREET ADDRESS (If rural, give location)<br><b>1018 Valley St.</b>  |                                   |  |  |  |  |   |
| 5. SEX<br><b>MALE</b>  | 6. COLOR OR RACE<br><b>WHITE</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>MARRIED</b> |  | 8. DATE OF BIRTH <b>1-27-1957</b> |  | 9. AGE (In years last birthday)<br><b>57</b>                                     |  | 10. Under 1 Year<br>Months: <b>0</b> Days: <b>16</b> | 11. Under 24 Hours<br>Hours: _____ Min: _____ |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Press Feeder</b>   |                                  |   | 10B. KIND OF BUSINESS OR INDUSTRY<br><b>Printing Co.</b>   |                                   |  | 11. BIRTHPLACE (State or foreign country)<br><b>Baltimore</b>                    |  |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b> |
| 13. FATHER'S NAME<br><b>John E. Byrnes</b>   |                                  |   | 14. MOTHER'S MAIDEN NAME<br><b>Helia Gilda</b>   |                                   |  | 15. INFORMANT<br><b>Mr. Alice E. Byrnes</b>                                      |  |  | ADDRESS<br><b>1018 Valley St.</b>             |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)<br><b>no</b>  |                                  |   | 16. SOCIAL SECURITY NO.<br><b>219-05-9652</b>  |                                   |  | 17. INTERVAL BETWEEN ONSET AND DEATH<br><b>3 yrs.</b>                            |  |  |   |
| 18. <b>154X</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)<br><b>metastatic carcinoma</b>                 |                                  |   | CAUSE OF DEATH<br>(A) <b>metastatic carcinoma</b><br>DUE TO<br>(B) <b>carcinoma recto-sigmoid colon</b><br>DUE TO<br>(C) _____ |                                   |  |  |  |  |   |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><b>II</b><br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. |                                  |   |  |                                   |  |  |  |  |   |
| 19A. DATE OF OPERATION<br><b>Nov. 1949</b>   |                                  |   | 19B. MAJOR FINDINGS OF OPERATION<br><b>carcinoma recto-sigmoid colon</b>   |                                   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>         |  |  |   |
| 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)   |                                  |   | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                                       |                                   |  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)         |  |  |   |
| 21D. TIME (Month) (Day) (Year) (Hour) INJURY   |                                  |   | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                      |                                   |  | 21F. HOW DID INJURY OCCUR?   |  |  |   |
| 22. I hereby certify that I attended the deceased from <b>Jan. 1948</b> to <b>1/27, 1957</b> , that I last saw the deceased alive on <b>1/27, 1957</b> , and that death occurred at <b>7:30 A.M.</b> , from the causes and on the date stated above.           |                                  |   |  |                                   |  |  |  |  |   |
| 23A. SIGNATURE<br><b>Stanley B. Klyanov</b>  |                                  |   | 23B. ADDRESS<br><b>3500 Erdman Ave</b>   |                                   |  | 23C. DATE SIGNED<br><b>1/27/57</b>   |  |  |   |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |                                  |   | 24B. DATE<br><b>1-31-1957</b>  |                                   |  | 24C. NAME OF CEMETERY OR CREMATORY<br><b>New Cathedral Cemetery Baltimore Md</b> |  |  |   |
| 24D. LOCATION (City, town, or county) (State)<br><b>Baltimore Md</b>   |                                  |   | 25. FUNERAL DIRECTOR<br><b>Elmer W. Bonklin</b>  |                                   |  | ADDRESS<br><b>924 E. Eager St.</b>   |  |  |   |

Mr. Stanley B. Kligman  
3500 Robinson Ave  
6-8-pm

L-520

51 0913

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 0913  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

LONG, CHARLES E.

2. DATE  
OF  
DEATH

1/29/57

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Franklin Square Hosp

C. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1031 Hollins St.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

1/10/1889

9. AGE (In years last birthday)

62 61

10 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

Patapsco Iron Works

11. BIRTH PLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?

USA.

13. FATHER'S NAME

Thomas Long

14. MOTHER'S MAIDEN NAME

Alice Goodman.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

Unknown

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Emma K. Long 1836 St. Hollins

18. 578X

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Peritonitis

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Mesenteric Thrombosis

DUE TO

(C) Duodenal blow out

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Abdominal wall abscess

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

1/15/57

19B. MAJOR FINDINGS OF OPERATION

Gangrene of ileum

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/18/57, 19\_\_, to 1/29/57, 19\_\_, that I last saw the deceased alive on 1/29/57, 19\_\_, and that death occurred at 11:20 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Edmund W. Fauterbach

M. D.

23B. ADDRESS

Franklin Square Hosp

23C. DATE SIGNED

1/29/57

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/1/57

24C. NAME OF CEMETERY OR CREMATORY

Trinity Cem.

24D. LOCATION (City, town, or county) (State)

O'Donnell St Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William J. Williams, M.D.

25. FUNERAL DIRECTOR

John J. Cowan &amp; Son Hollins

ADDRESS

901 123 St.

JAN 30 1957

VS 150

9 40 620

0 9

\_\_\_\_\_

\_\_\_\_\_

R-200

51 0914

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0914

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

THELMA (Lebowitz) RIOS

2. DATE OF DEATH Jan. 28, 1951

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore 2-03D. STREET ADDRESS (If rural, give location)  
901 Fell St.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Nov 24<sup>th</sup> 1925 24

9. AGE (In years last birthday)

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Miller

14. MOTHER'S MAIDEN NAME

Sadye

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Sadye

901 Fell St

18. E 981 X

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Multiple bullet wounds of chest

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21a. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

Home

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

901 Fell St.

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

Jan. 28, 1951 7 P m.

21e. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?

Firearms

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23a. SIGNATURE

Stanley H. Denecker

M.D.

23b. CHIEF MEDICAL EXAMINER ☐ASSISTANT MEDICAL EXAMINER ☒MEDICAL INVESTIGATOR ☐

23c. DATE SIGNED

Jan. 29, 1951

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial  
DATE RECEIVED BY LOCAL REGISTRAR

24b. DATE

Jan 29 1951

24c. NAME OF CEMETERY OR CREMATORY

St. Matthews

24d. LOCATION (City, town, or county)

Ohlmann St Ert

(State)

25. FUNERAL DIRECTOR

ADDRESS

Les G. Brook 1741-02 N. Pott Pk Ave

VS 151

N 862.4

51

166

✓

MEDICAL CERTIFICATION

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

1120



M-420  
15-1-5233

51. 0915

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51. 0915  
Registered No.

|   |                              |  |  |   |   |
|---|------------------------------|--|--|---|---|
| BIRTH NO.   |                              | 1. NAME OF DECEASED<br>(Type or Print) <b>Edith Mills</b>  |  | 2. DATE OF DEATH<br><b>Jan. 26-1951</b>   |   |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland   |                              | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>Maryland</b><br>B. COUNTY |  |   |   |
| 5. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR INSTITUTE <b>Baltimore City Hospitals</b><br><b>4940 Eastern Ave.</b> |                              | C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)<br><b>Baltimore</b>                              |  |   |   |
| 6. LENGTH OF STAY IN BALTIMORE <b>Life</b>  |                              | D. STREET ADDRESS (If rural, give location)<br><b>1104 N. Calhoun St.</b>  |  |   |   |
| 7. SEX<br><b>F</b>  | 8. COLOR OR RACE<br><b>N</b> | 9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b>  | 10. DATE OF BIRTH<br><b>Aug. 10-1893</b> | 11. AGE (In years last birthday)<br><b>57</b>                                       | 12. If Under 1 Year Months: Days: If Under 24 Hours Hours: Min. |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)   |                              | 10B. KIND OF BUSINESS OR INDUSTRY  |  | 11. BIRTHPLACE (State or foreign country)<br><b>Maryland</b>                        |   |
| 13. FATHER'S NAME<br><b>Joseph Johnson</b>  |                              | 14. MOTHER'S MAIDEN NAME<br><b>Hannah Weeks</b>  |  | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) |   |
| 16. SOCIAL SECURITY NO.   |                              | 17. INFORMANT<br><b>Baltimore City Hospitals</b><br><b>Records: 4940 Eastern Ave.</b>  |  | 18. CITIZEN OF WHAT COUNTRY?  |   |

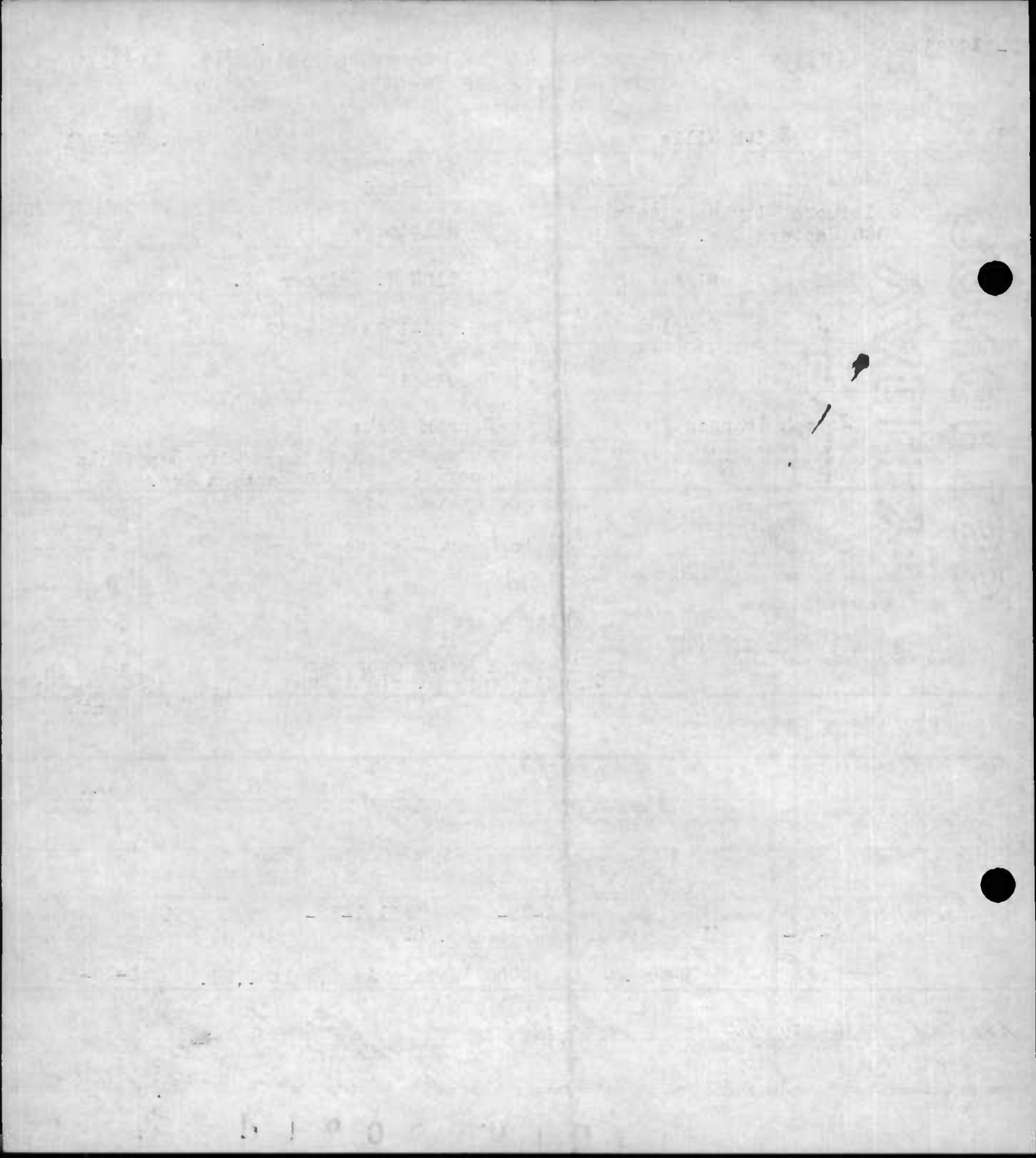
|   |  |  |
|---|--|--|
| 18. <b>023X</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Luetic Heart Disease</b><br>DUE TO<br><b>Fatty Liver</b><br>DUE TO<br><b>Bilateral Hydronephrosis</b><br><b>Chronic Emphysema, right lung</b> |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>More than 5 years</b><br><b>More than 5 years</b><br><b>More than 1 Month</b><br><b>More than 1 Month</b> |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   |  |  |

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 19A. DATE OF OPERATION<br><b>2</b>  |  | 19B. MAJOR FINDINGS OF OPERATION  |  | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |  |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH   |  | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                  |  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)            |  |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY   |  | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21F. HOW DID INJURY OCCUR?  |  |
| 22. I hereby certify that I attended the deceased from <b>1-20-</b> , <b>1951</b> , <b>1-26-</b> , <b>1951</b> , that I last saw the deceased alive on <b>1-26-</b> , <b>1951</b> , and that death occurred at <b>5.50 P.m.</b> , from the causes and on the date stated above. |  |   |  |   |  |
| 23A. SIGNATURE<br><b>P. B. Rogers</b>   |  | 23B. ADDRESS<br><b>4940 Eastern Ave., Balto., Md.</b>   |  | 23C. DATE SIGNED<br><b>1-29-51</b>  |  |

|  |  |   |  |   |  |   |  |
|--|--|---|--|---|--|---|--|
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> |  | 24B. DATE<br><b>Jan. 31 1951</b>                    |  | 24C. NAME OF CEMETERY OR CREMATORY<br><b>Mt. Auburn</b> |  | 24D. LOCATION (City, town, or county) (State)<br><b>Balto., Md.</b> |  |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>AN 301951</b>       |  | REGISTRAR'S SIGNATURE<br><b>William H. Williams</b> |  | 25. FUNERAL DIRECTOR<br><b>Stallard Funeral Home</b>    |  | ADDRESS<br><b>1631 Smith Hill Ave.</b>                              |  |

19510000914

30E



E-363

Baltimore City Health Department  
 CERTIFICATE OF DEATH

51 0916  
 Registered No.

BIRTH NO. 51-0916  
 51-02192

|   |                           |  |                                 |
|---|---------------------------|--|---------------------------------|
| 1. NAME OF DECEASED<br>(Type or Print) <b>Joseph Francis Etheridge</b>                      |                           | 2. DATE OF DEATH <b>1-29-51</b>  |                                 |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland <b>Maryland Gen Hosp.</b>                 |                           | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>Md.</b> B. COUNTY |                                 |
| 5. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>Maryland General Hosp #1</b>                  |                           | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Balto.</b> <b>16-05</b>             |                                 |
| 6. LENGTH OF STAY IN BALTIMORE <b>6 hours</b>   |                           | D. STREET ADDRESS (If rural, give location)<br><b>2508 W. Lawrence St.</b>   |                                 |
| 5. SEX <b>M</b>   | 6. COLOR OR RACE <b>W</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>N</b>   | 8. DATE OF BIRTH <b>1-28-51</b> |
| 9. AGE (In years last birthday) <b>6</b>  |                           | 10. CITIZEN OF WHAT COUNTRY?   |                                 |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) |                           | 10B. KIND OF BUSINESS OR INDUSTRY  |                                 |
| 11. BIRTHPLACE (State or foreign country) <b>Maryland</b>                                   |                           | 12. CITIZEN OF WHAT COUNTRY?   |                                 |
| 13. FATHER'S NAME <b>Raymond Etheridge Jr.</b>  |                           | 14. MOTHER'S M maiden NAME <b>Mary Wetzel</b>  |                                 |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)                           |                           | 16. SOCIAL SECURITY NO.  |                                 |
| 17. INFORMANT   |                           | ADDRESS  |                                 |

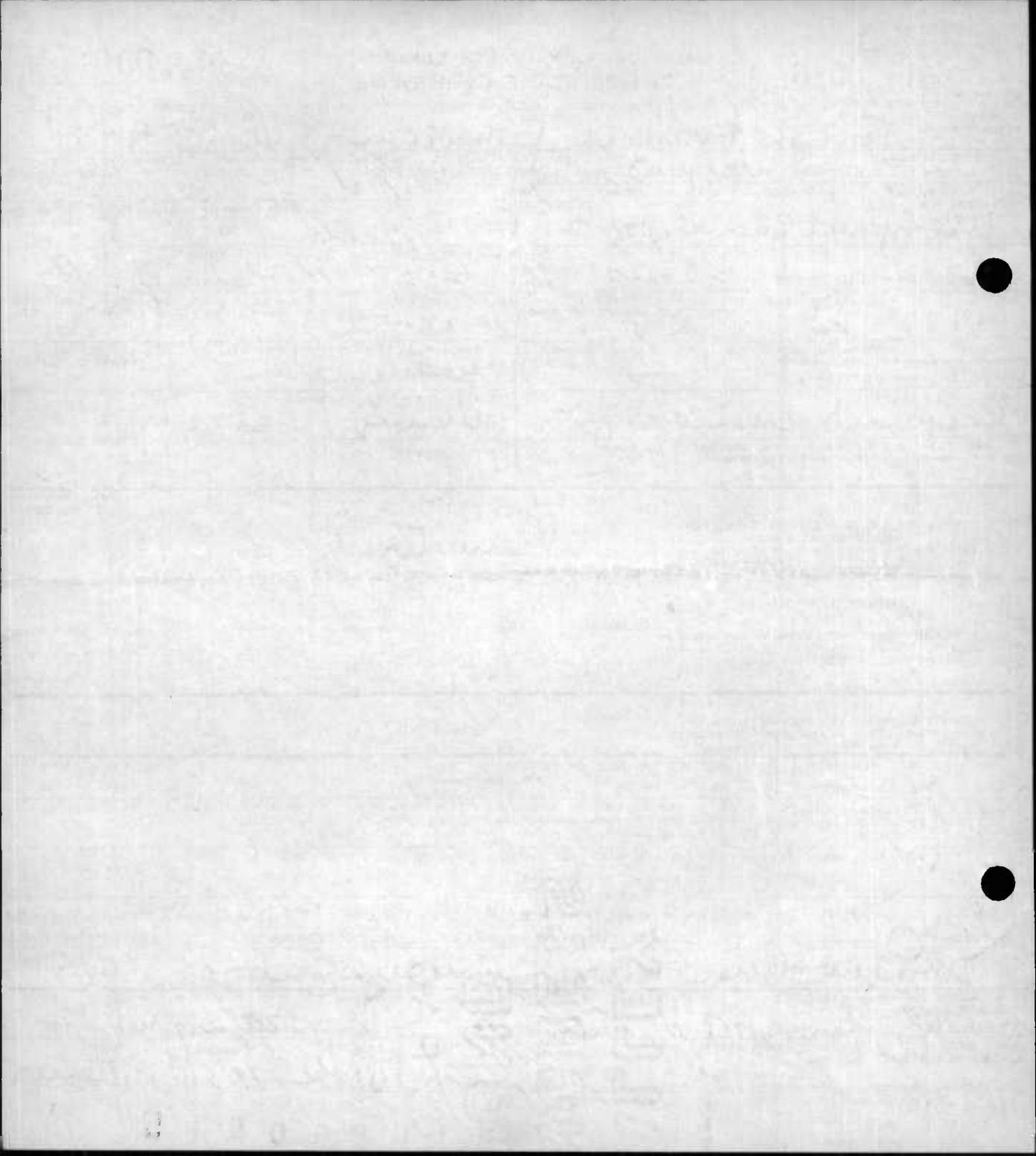
|   |  |                                  |
|---|--|----------------------------------|
| 18. <b>776X</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Pneumonia</b> |  | INTERVAL BETWEEN ONSET AND DEATH |
| 19. ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br>(B)<br>(C)  |  |                                  |
| 20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   |  |                                  |

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| 19A. DATE OF OPERATION <b>none</b>  |  | 19B. MAJOR FINDINGS OF OPERATION <b>none</b>  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |  |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>  |  | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                  |  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) |  |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY   |  | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21F. HOW DID INJURY OCCUR?   |  |
| 22. I hereby certify that I attended the deceased from <b>1-28</b> , 19 <b>51</b> , to <b>1-29</b> , 19 <b>51</b> , that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. |  |   |  |  |  |
| 23A. SIGNATURE <b>Donald H. MacPherson</b>  |  | 23B. ADDRESS <b>Maryland Gen Hosp.</b>  |  | 23C. DATE SIGNED <b>1-29-51</b>  |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Buried</b>   |  | 24B. DATE <b>Jan. 30, 1951</b>  |  | 24C. NAME OF CEMETERY OR CREMATORY <b>St. Anthony's</b>                  |  |
| 24D. LOCATION (City, town, or county) <b>Baltimore, Md.</b>   |  | 24E. LOCATION (City, town, or county) <b>Baltimore, Md.</b>   |  | 24F. LOCATION (City, town, or county) <b>Baltimore, Md.</b>              |  |
| DATE RECEIVED BY LOCAL REGISTRAR  |  | REGISTRAR'S SIGNATURE <b>William H. Williams</b>  |  | FUNERAL DIRECTOR'S SIGNATURE <b>Fred A. Cole</b>                         |  |
|   |  |   |  | ADDRESS <b>1913 W. Baltimore St.</b>                                     |  |

JAN 30 1951

51 00000915159

MEDICAL CERTIFICATION



4-500

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0917

Registered No.

BIRTH NO.

51 0917

1. NAME OF DECEASED  
(Type or Print)

John E. Lane

2. DATE  
OF  
DEATH

Jan. 29/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

43 N. Kossuth St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE  
Md.C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore

D. STREET ADDRESS (If rural, give location)

43 N. Kossuth St.

C. Length of stay in Baltimore Life

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
Single

8. DATE OF BIRTH

Oct. 27/86

9. AGE (In years  
last birthday)

64

10. Under 1 Year  
Months: Days  
11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Sheet Metal Worker

10B. KIND OF BUSINESS OR  
INDUSTRY

B. &amp; O. R. R.

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

John E. Lane

14. MOTHER'S MAIDEN NAME

Laura V. Collins

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Emma Brady, 43 N. Kossuth St.

18. 162X I CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

Bronchiogenic Carcinoma 1 year

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) DUE TO  
(C)II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN  
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in nr  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 7, 1950, to Jan 29, 1951, that I last saw the  
deceased alive on Jan 29, 1951, and that death occurred at 7:24 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

136 S. Hilton St

Jan. 30, 1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)  
Burial

24B. DATE

Feb. 1/51

24C. NAME OF CEMETERY OR CREMATORY

Baltimore National

24D. LOCATION (City, town, or county)

5501 Frederick Rd. Bal to. Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

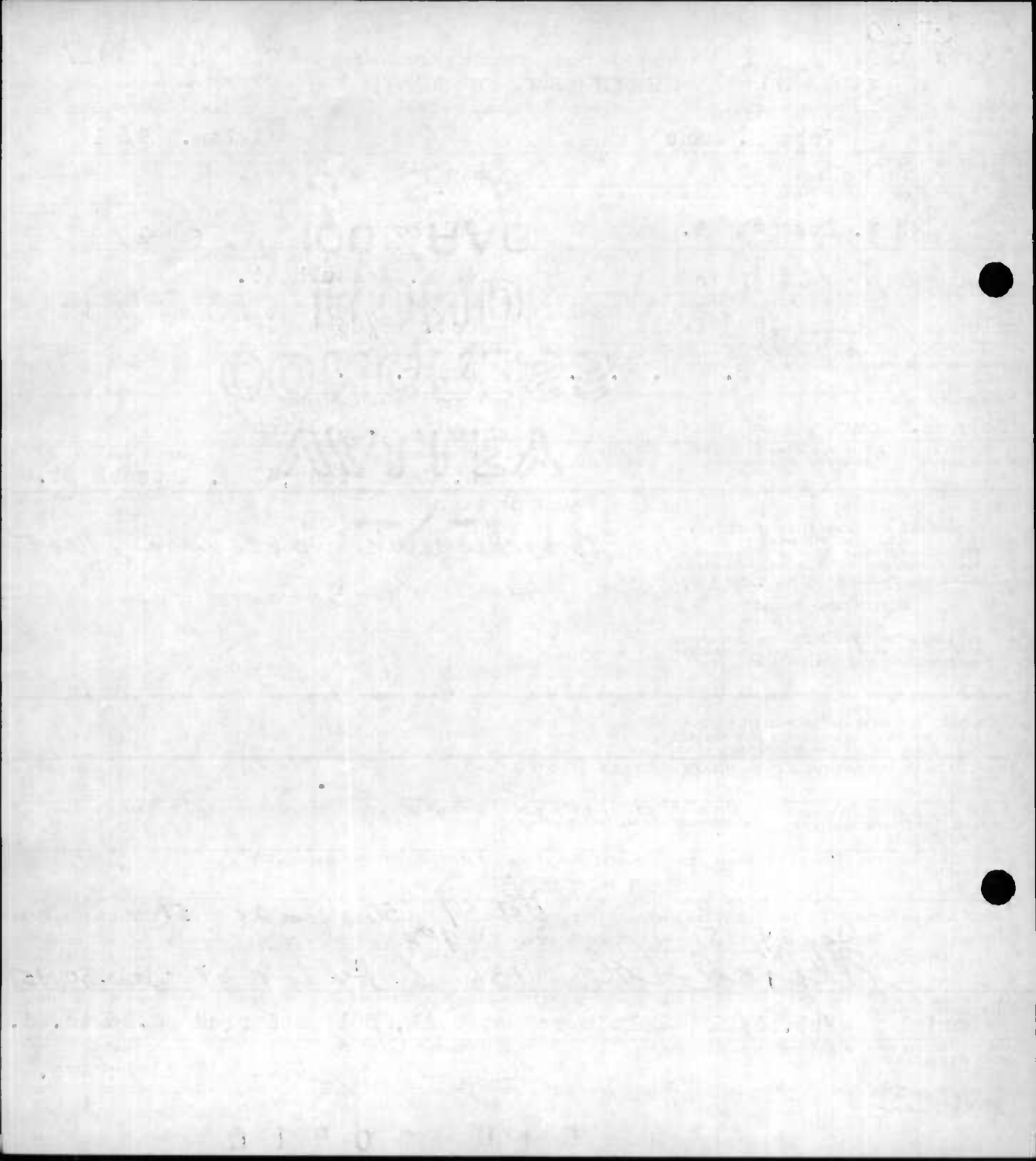
JAN 30 1951

Harry H. H. H.

4101 Edmondson Ave.

15915510000916

47c





51. 0918 R-314

51. 0918

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

|   |                               |   |                                 |   |   |
|---|-------------------------------|---|---------------------------------|---|---|
| BIRTH NO.   |                               | 1. NAME OF DECEASED<br>(Type or Print) <b>Charles B. Redfield</b>   |                                 | 2. DATE OF DEATH<br><b>January 29 1951</b>  |   |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland   |                               | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>MD</b> B. COUNTY _____         |                                 |   |   |
| B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Pinecrest Sanatorium</b>   |                               | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>BALTO. 12503</b>                                 |                                 |   |   |
| C. Length of stay in Baltimore<br>Yrs. _____ Mos. _____ Days _____  |                               | D. STREET ADDRESS (If rural, give location)<br><b>2703 N. CALVERT ST.</b>   |                                 |   |   |
| 5. SEX<br><b>MALE</b>   | 6. COLOR OR RACE<br><b>W.</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>WIDOWED</b>   | 8. DATE OF BIRTH<br><b>1883</b> | 9. AGE (In years last birthday)<br><b>67</b>  | If Under 1 Year Months: _____ Days: _____ If Under 24 Hours Hours: _____ Min: _____ |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>CREDIT MAN.</b>   |                               | 10B. KIND OF BUSINESS OR INDUSTRY<br><b>DENTAL SUPPLIES</b>   |                                 | 11. BIRTHPLACE (State or foreign country)<br><b>N. Y.</b>   |   |
| 12. CITIZEN OF WHAT COUNTRY?  |                               | 13. FATHER'S NAME<br><b>UNKNOWN</b>   |                                 | 14. MOTHER'S MAIDEN NAME<br><b>UNKNOWN.</b>   |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)<br><b>NO</b>  |                               | 16. SOCIAL SECURITY NO.   |                                 | 17. INFORMANT<br><b>MR. PERRY REDFIELD</b> ADDRESS<br><b>629 1/2 THURSTON RD ROCHESTER, N. Y.</b> |   |
| 18. <b>443X</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><br>ANTECEDENT CAUSES<br><br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><br>II<br><br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. |                               | CAUSE OF DEATH<br>(A) <b>Cerebral hemorrhage</b><br>DUE TO<br>(B) <b>Hypertensive Cardiovascular Disease</b><br>DUE TO<br>(C) _____ |                                 | INTERVAL BETWEEN ONSET AND DEATH<br><b>36 hrs.</b><br><br><b>?</b>                                |   |
| 19A. DATE OF OPERATION <b>0</b>   |                               | 19B. MAJOR FINDINGS OF OPERATION  |                                 | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>               |   |
| 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)  |                               | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)   |                                 | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)                          |   |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY   |                               | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                           |                                 | 21F. HOW DID INJURY OCCUR?  |   |
| 22. I hereby certify that I attended the deceased from <b>December 3, 1950</b> to <b>JANUARY 3, 1951</b> , that I last saw the deceased alive on <b>JAN 30, 1951</b> , and that death occurred at <b>6:25 P.m.</b> , from the causes and on the date stated above.  |                               |   |                                 |   |   |
| 23A. SIGNATURE<br><b>Melvin N. Borden</b>   |                               | M. D. <b>2030 W. Fayette Street</b>   |                                 | 23C. DATE SIGNED<br><b>Jan. 30, 1951</b>  |   |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>BURIAL</b>  |                               | 24B. DATE<br><b>2-2-51</b>  |                                 | 24C. NAME OF CEMETERY OR CREMATORY<br><b>BALTO. CEM.</b>  |   |
| 24D. LOCATION (City, town, or county) (State)<br><b>city</b>  |                               | DATE RECEIVED BY LOCAL REGISTRAR<br><b>JAN 30 1951</b>  |                                 | REGISTRAR'S SIGNATURE<br><b>William H. Williams, Jr.</b>  |   |
| 25. FUNERAL DIRECTOR<br><b>Greenwood &amp; Son</b>  |                               | ADDRESS<br><b>2086 S. O. O. 8 1 9 93</b>  |                                 |   |   |



DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

1



D-652  
51 0919BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 0919  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

EVERNIA J. DRINKS

2. DATE  
OF  
DEATH

11/29/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

ST JOSEPH'S HOSPITAL

Yrs.  
Mos.  
Days

Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 26-01

D. STREET ADDRESS (If rural, give location)

4323 Berger Avenue

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 15-1908

9. AGE (In years  
last birthday)

42

If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Tel. operator

10B. KIND OF BUSINESS OR  
INDUSTRY

B.T.C.

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Cunningham  
TRANS CO.

14. MOTHER'S MAIDEN NAME

Jennie Parrish

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Paul E. Drinks - 4323 Berger

18. E976x

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

Gunshot Wound of  
Head

ANTECEDENT CAUSES

(B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING OR CONTRIB-  
UTING CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

home

21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

4323 Berger Ave

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

1 29 1951 1:30

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Shot self in right temple

22. I certify that I took charge of the remains described above, held an Inspection thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE

R S Fisher M.D.

23B. CHIEF MEDICAL EXAMINER.....  
ASSISTANT MEDICAL EXAMINER.....  
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

1-29-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

2/1/51

24C. NAME OF CEMETERY OR CREMATORY

Parkwood

24D. LOCATION (City, town, or county)

Balto Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

JAN 30 1951

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

L. J. Ruck - 5305 Hartford Rd

VS 151

N 802.4

370 56

1164C

MEDICAL CERTIFICATION

STATE OF NEW YORK  
CERTIFICATE OF DEATH

County of \_\_\_\_\_

City of \_\_\_\_\_

Decedent's Name \_\_\_\_\_

Age \_\_\_\_\_

Sex \_\_\_\_\_

Marital Status \_\_\_\_\_

Occupation \_\_\_\_\_

Place of Birth \_\_\_\_\_

Date of Death \_\_\_\_\_

Time of Death \_\_\_\_\_

Place of Death \_\_\_\_\_

Cause of Death \_\_\_\_\_

Manner of Death \_\_\_\_\_

Signature of Physician \_\_\_\_\_

Signature of Coroner \_\_\_\_\_

Signature of Registrar \_\_\_\_\_

Signature of \_\_\_\_\_

Signature of \_\_\_\_\_

S-132

51 0920

51 0920

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

|   |                               |   |                                     |  |                               |
|---|-------------------------------|---|-------------------------------------|--|-------------------------------|
| BIRTH NO.   |                               | 1. NAME OF DECEASED<br>(Type or Print) <i>Alois D. Sobotka Sr.</i>  |                                     | 2. DATE OF DEATH <i>Jan 28, 1951</i>                                     |                               |
| 3. PLACE OF DEATH:<br>a. Baltimore City, Maryland   |                               | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <i>Maryland</i><br>b. COUNTY <i>Baltimore</i> |                                     |  |                               |
| 5. FULL NAME OF HOSPITAL OR INSTITUTION<br><i>5105 Apple Avenue</i>   |                               | c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><i>Baltimore 26-02</i>  |                                     |  |                               |
| c. Length of stay in Baltimore  |                               | o. STREET ADDRESS (If rural, give location)<br><i>5105 Apple Avenue</i>   |                                     |  |                               |
| 5. SEX <i>male</i>  | 6. COLOR OR RACE <i>white</i> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>  | 8. DATE OF BIRTH <i>Aug 28-1877</i> | 9. AGE (In years last birthday) <i>73</i>                                | 10. Under 1 Year Months: Days |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><i>Machinist Continental Can Co</i>  |                               | 10b. KIND OF BUSINESS OR INDUSTRY   |                                     | 11. BIRTHPLACE (State or foreign country)<br><i>Austria</i>              |                               |
| 13. FATHER'S NAME<br><i>Anton Sobotka (M)</i>   |                               | 14. MOTHER'S MAIDEN NAME<br><i>Marie Liebert</i>  |                                     |  |                               |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)   |                               | 16. SOCIAL SECURITY NO.<br><i>215-01-8021</i>   |                                     | 17. INFORMANT ADDRESS<br><i>Mrs Maria Sobotka - Apple</i>                |                               |
| 18. <i>153X</i><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><i>Carcinoma sigmoid</i>           |                               | (A) DUE TO  |                                     | INTERVAL BETWEEN ONSET AND DEATH<br><i>4 mo.</i>                         |                               |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br>(B) DUE TO<br>(C)   |                               |   |                                     |  |                               |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   |                               |   |                                     |  |                               |
| 19a. DATE OF OPERATION <i>10</i>  |                               | 19b. MAJOR FINDINGS OF OPERATION  |                                     | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |                               |
| 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>  |                               | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |                                     | 21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) |                               |
| 21d. TIME (Month) (Day) (Year) (Hour)<br>INJURY   |                               | 21e. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                                       |                                     | 21f. HOW DID INJURY OCCUR?   |                               |
| 22. I hereby certify that I attended the deceased from <i>Sept</i> , 1950, to <i>Jan 28</i> , 1951, that I last saw the deceased alive on <i>Jan 27</i> , 1951, and that death occurred at <i>5 P</i> m., from the causes and on the date stated above. |                               |   |                                     |  |                               |
| 23a. SIGNATURE<br><i>J S Harding</i>  |                               | 23b. ADDRESS<br><i>3805 Belair Rd</i>   |                                     | 23c. DATE SIGNED<br><i>Jan 29/51</i>                                     |                               |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><i>Burial</i>  |                               | 24b. DATE<br><i>Jan 31, 1951</i>  |                                     | 24c. NAME OF CEMETERY OR CREMATORY<br><i>Morland Park</i>                |                               |
| 24d. LOCATION (City, town, or county)<br><i>Baltimore Md</i>  |                               | 24e. FUNERAL DIRECTOR<br><i>Leonard Luck</i>  |                                     | 24f. ADDRESS<br><i>5305 Hayford Rd</i>                                   |                               |
| DATE RECEIVED BY LOCAL REGISTRAR<br><i>JAN 30 1951</i>  |                               | REGISTRAR'S SIGNATURE<br><i>Thurston Williams, M.D.</i>   |                                     | 25. FUNERAL DIRECTOR<br><i>Leonard Luck</i>                              |                               |
| VS 150  |                               | 544 3D  |                                     | 46E  |                               |

MEDICAL CERTIFICATION

10-2-47

10-2-47

10-2-47

10-2-47

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10-2-47

10-2-47

10-2-47

## 1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution:

Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

## 3 (a) FULL NAME

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex

5. Color or race

6 (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years Months Days If less than one day

9. Birthplace

(Town, county, and state)

10. Usual Occupation

11. Industry or business

12. Name

13. Birthplace

14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

(c) Burial

(b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location

18 (a) Funeral director

(b) Address

19 (a) 301051

(b) (Date rec'd by registrar)

Registrar

## 2. USUAL RESIDENCE OF DECEASED:

(a) State

(b) County

(c) City or town

(If outside city or town limits, write RURAL and give town)

(d) Street No.

(If rural give location)

(e) Citizen of foreign country?

(Yes or No)

If yes, name country

## MEDICAL CERTIFICATION

20. DATE OF DEATH

Jan 27 1957 at 8 a.m.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1956 to Jan 27 1957, and that I last saw him alive on Jan 19.

Immediate cause of death

(Found dead in bed)  
Myocardial degeneration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

at M

(c) Where did injury occur?

(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place?

(Specify type of place)

(e) Means of injury

23. Signature

M. D.

Address

Date signed



## INSTRUCTIONS FOR MEDICAL CERTIFICATION

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### WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

### DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

### DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words *due to* and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE

cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

### DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

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For additional discussion of this subject see **PHYSICIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION** issued by the U. S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.



F-455 51 0922

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 0922  
Registered No.

|  |                                 |   |   |  |  |
|--|---------------------------------|---|---|--|--|
| 1. NAME OF DECEASED<br>(Type or Print) <i>William R. Flemming</i>  |                                 |   | 2. DATE OF DEATH <i>1-28-51</i>   |  |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland  |                                 |   | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <i>Md.</i><br>B. COUNTY |  |  |
| 5. FULL NAME OF HOSPITAL OR INSTITUTION<br><i>1603 Pulaski St.</i>   |                                 |   | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><i>Balto.</i> <i>15-02</i>                |  |  |
| 6. LENGTH OF STAY IN BALTIMORE<br>Yrs.<br>Mos.<br>Days   |                                 |   | D. STREET ADDRESS (If rural, give location)<br><i>1603<sup>N</sup> Pulaski St.</i>  |  |  |
| 5. SEX<br><i>Male</i>  | 6. COLOR OR RACE<br><i>Col.</i> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><i>Married</i> | 8. DATE OF BIRTH<br><i>March 21, 1894</i>   | 9. AGE (In years last birthday)<br><i>56</i> | 10. Under 1 Year<br>Months: Days:<br>11. Under 24 Hours<br>Hours: Min. |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><i>Janitor</i>        |                                 |   | 10B. KIND OF BUSINESS OR INDUSTRY<br><i>School system</i>   |  |  |
| 11. BIRTHPLACE (State or foreign country)<br><i>Balto. Md.</i>   |                                 |   | 12. CITIZEN OF WHAT COUNTRY?<br><i>U.S.A.</i>   |  |  |
| 13. FATHER'S NAME<br><i>Geo. Flemming</i>  |                                 |   | 14. MOTHER'S MAIDEN NAME<br><i>Sarah Johnson</i>  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)<br><i>No</i> |                                 |   | 16. SOCIAL SECURITY NO.   |  |  |
| 17. INFORMANT<br><i>Mary Flemming</i>  |                                 |   | ADDRESS<br><i>1603 Pulaski St.</i>  |  |  |

|  |   |                                  |
|--|---|----------------------------------|
| 18. <i>162X</i><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><i>1</i><br><i>Bronchogenic Carcinoma</i><br>(A) DUE TO<br>ANTECEDENT CAUSES<br>(B) DUE TO<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br>(C) DUE TO<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.<br><i>II</i> | CAUSE OF DEATH<br><i>Bronchogenic Carcinoma</i> | INTERVAL BETWEEN ONSET AND DEATH |
|--|---|----------------------------------|

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| 19A. DATE OF OPERATION <i>0</i>  |  | 19B. MAJOR FINDINGS OF OPERATION   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.   |  | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                     |  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)            |  |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  |  | 21E. INJURY OCCURRED<br>m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21F. HOW DID INJURY OCCUR?  |  |
| 22. I certify that I took charge of the remains described above, held an <i>Inspection</i> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> . |  |  |  |   |  |
| 23A. SIGNATURE<br><i>William V. Smith</i>  |  | 23B. CHIEF MEDICAL EXAMINER.....<br>M.D. ASSISTANT MEDICAL EXAMINER.....<br>MEDICAL INVESTIGATOR.....        |  | 23C. DATE SIGNED<br><i>1-28-51</i>  |  |

|  |                              |   |  |
|--|------------------------------|---|--|
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><i>Burial</i> | 24B. DATE<br><i>2-1-1951</i> | 24C. NAME OF CEMETERY OR CREMATORY<br><i>Long Green Cem</i> | 24D. LOCATION (City, town, or county) (State)<br><i>Long Green Md.</i> |
| DATE RECEIVED BY LOCAL REGISTRAR<br><i>JAN 30 1951</i>     |                              | REGISTRAR'S SIGNATURE<br><i>William V. Smith</i>            | 25. FUNERAL DIRECTOR<br><i>Mrs. Katie Williams</i>                     |
|  |                              | ADDRESS<br><i>Schuyler St.</i>                              |  |

BAIRNOR KEY HEALTH DEPARTMENT  
 CERTIFICATE OF DEATH

|   |  |   |  |
|---|--|---|--|
| NAME OF DECEASED<br>[Faint, illegible text] |  | SEX<br>[Faint, illegible text]            |  |
| AGE<br>[Faint, illegible text]              |  | DATE OF BIRTH<br>[Faint, illegible text]  |  |
| PLACE OF BIRTH<br>[Faint, illegible text]   |  | OCCUPATION<br>[Faint, illegible text]     |  |
| MARITAL STATUS<br>[Faint, illegible text]   |  | CAUSE OF DEATH<br>[Faint, illegible text] |  |

|   |  |   |  |
|---|--|---|--|
| SIGNATURE OF PHYSICIAN<br>[Faint, illegible text] |  | SIGNATURE OF REGISTRAR<br>[Faint, illegible text] |  |
| DATE<br>[Faint, illegible text]                   |  | TIME<br>[Faint, illegible text]                   |  |

|   |  |   |  |
|---|--|---|--|
| SIGNATURE OF WITNESS<br>[Faint, illegible text] |  | SIGNATURE OF WITNESS<br>[Faint, illegible text] |  |
| DATE<br>[Faint, illegible text]                 |  | TIME<br>[Faint, illegible text]                 |  |

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

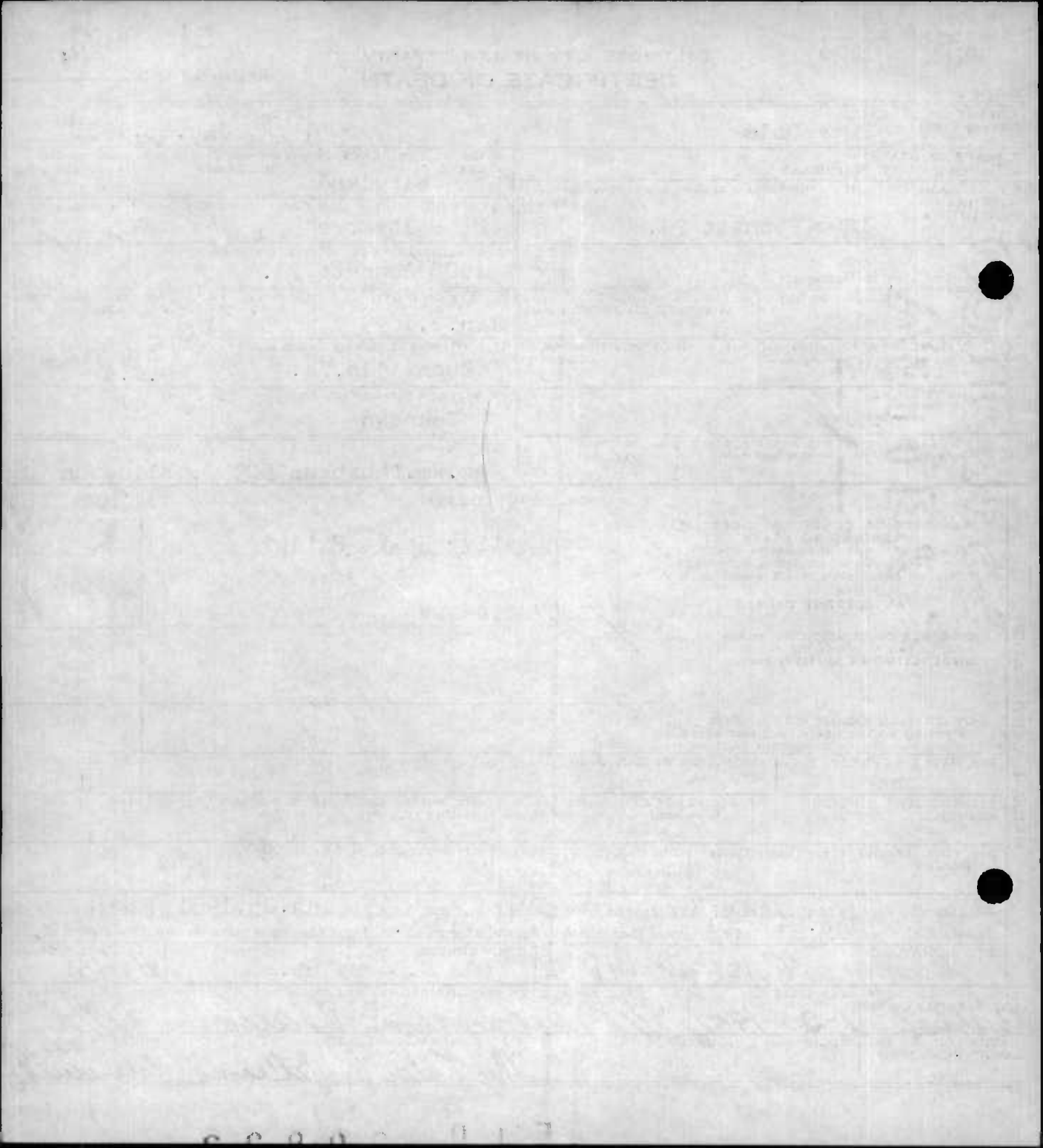
Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

|  |                              |   |  |  |  |
|--|------------------------------|---|--|--|--|
| 1. NAME OF DECEASED<br>(Type or Print) <b>Lucy Cola</b>  |                              |   | 2. DATE OF DEATH <b>Jan. 25, 1951</b>  |  |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland  |                              |   | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>Maryland</b><br>B. COUNTY _____ |  |  |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR INSTITUTION<br><b>1008 Bennett Pl.</b> |                              |   | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore</b> <b>18-02</b>                        |  |  |
| D. STREET ADDRESS (If rural, give location)<br><b>1008 Bennett Pl.</b>   |                              |   |  |  |  |
| 5. LENGTH OF STAY IN BALTIMORE _____ Yrs. Mos. Days  |                              |   |  |  |  |
| 5. SEX<br><b>F</b>   | 6. COLOR OR RACE<br><b>C</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>W</b> | 8. DATE OF BIRTH<br><b>Jan. 2, 1899 ?</b>  |  | 9. AGE (In years last birthday) <b>52 ?</b><br>If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min. |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>                            |                              | 10B. KIND OF BUSINESS OR INDUSTRY                           | 11. BIRTHPLACE (State or foreign country)<br><b>Enonville, Va.</b>   |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A</b>   |
| 13. FATHER'S NAME<br><b>Unknown</b>  |                              |   | 14. MOTHER'S MAIDEN NAME<br><b>Unknown</b>   |  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)<br><b>No</b>                      |                              | 16. SOCIAL SECURITY NO.                                     | 17. INFORMANT ADDRESS<br><b>Rev. Wm. Thompson 509 N. Arlington</b>   |  |  |

MEDICAL CERTIFICATION

|   |   |  |
|---|---|--|
| 18. <b>422.1 I</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Congestive Heart Failure</b><br>(A) _____ DUE TO _____<br><b>AHCV Disease</b><br>(B) _____ DUE TO _____<br>(C) _____ |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>?</b><br><b>?</b>                 |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   |   |  |
| 19A. DATE OF OPERATION<br><b>None</b>   | 19B. MAJOR FINDINGS OF OPERATION  |  |
| 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |   |  |
| 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)  | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY   | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21F. HOW DID INJURY OCCUR?   |
| 22. I hereby certify that I attended the deceased from <b>July</b> , 19 <b>49</b> to <b>Jan. 25, 1951</b> , that I last saw the deceased alive on <b>Jan. 24</b> , 19 <b>51</b> , and that death occurred at <b>10 A.m.</b> , from the causes and on the date stated above.   |   |  |
| 23A. SIGNATURE<br><b>George McDonald M.D.</b>   | 23B. ADDRESS<br><b>844 N. Carey St.</b>   | 23C. DATE SIGNED<br><b>1/29/51</b>                                       |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  | 24B. DATE<br><b>1-30-1951</b>   | 24C. NAME OF CEMETERY OR CREMATORY<br><b>Wm. A. Culburn Cem. Balto.</b>  |
| 24D. LOCATION (City, town, or county) (State)<br><b>Balto. Md.</b>  | 25. FUNERAL DIRECTOR<br><b>Mrs. Katie R. Williams</b><br>ADDRESS <b>322 N. Schwedler St.</b>              |  |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>JAN 30 1951</b>  | REGISTRAR'S SIGNATURE   |  |



51 0924

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 0924  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

MARGARET IRENE BURDETTE

2. DATE  
OF  
DEATH

Jan. 29, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence  
before admission)

A. STATE

B. COUNTY

Maryland

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

37 S. Morley Street

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give  
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

37 S. Morley Street

C. Length of stay in Baltimore

26 yrs

Yrs.  
Mos.  
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Female

White

Married

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

Own home

13. FATHER'S NAME

John Stromberg

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.  
None

17. INFORMANT

Mr. George A. Burdette 37 S. Morley St.

Baltimore, Md.

18.

153X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A) Hemorrhage from lungs and stomach

DUE TO

and

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Jaundice and Carcinoma of Liver/lungs

DUE TO

(C) Carcinoma of colon - Operation 1946

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK22. I hereby certify that I attended the deceased from 1946, 19, to 1/29, 1951, that I last saw the  
deceased alive on 1/25, 1951, and that death occurred at 7:00 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town or county)

(State)

Burial

2/1/51

New Cathedral Cemetery

Baltimore, Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

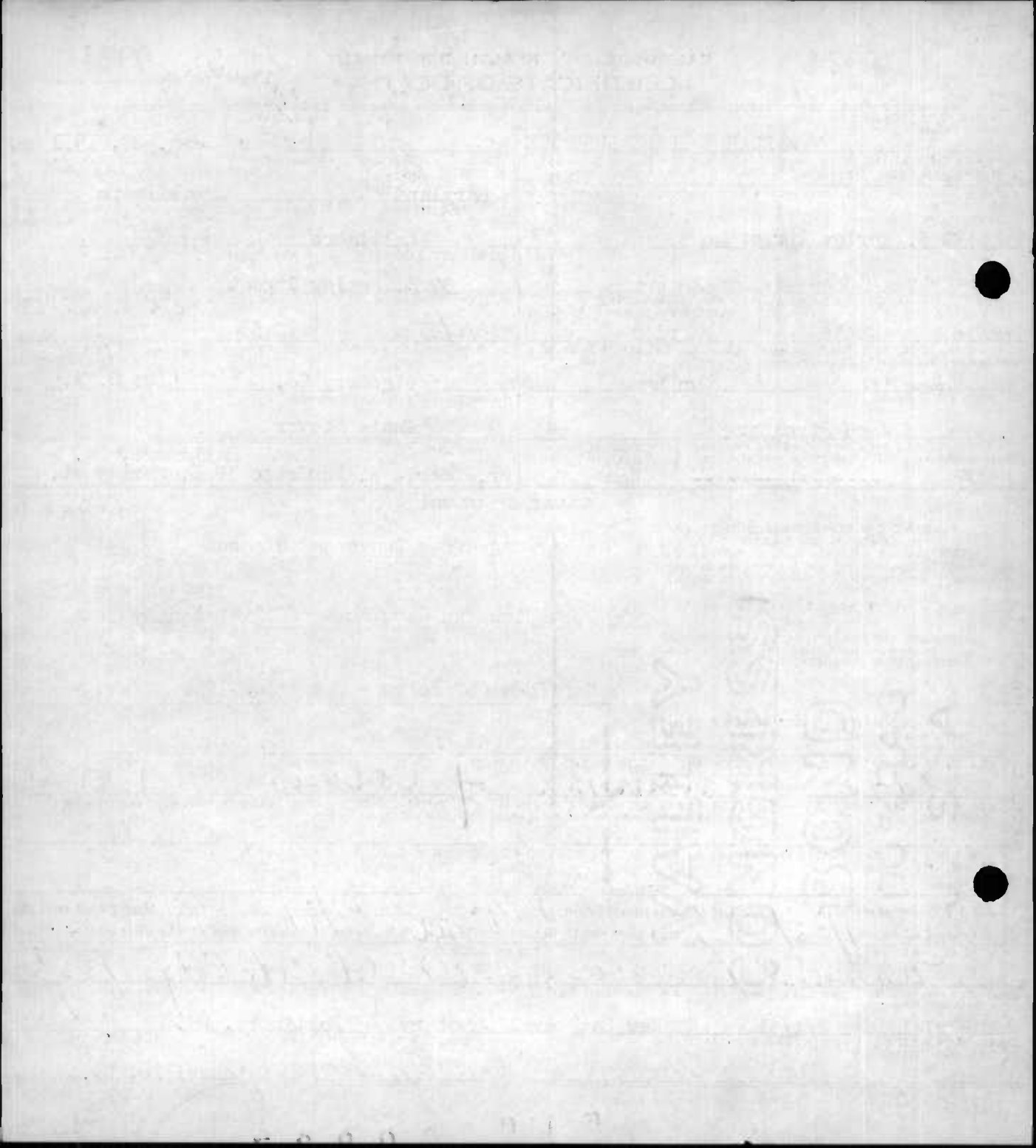
ADDRESS

JAN 30 1951

Easton Sons Catonsville, Md.

46E

1 2 5 1 0 0 0 0 0 0 0





362  
51 0925

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0925  
Registered No.

|   |                              |  |  |
|---|------------------------------|--|--|
| 1. NAME OF DECEASED<br>(Type or Print)<br><b>Bertha Marie Patterson</b>   |                              | 2. DATE OF DEATH<br><b>Jan. 28, 1951</b>   |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland   |                              | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>Maryland</b><br>B. COUNTY |  |
| B. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>1523 Lakeside Ave</b>   |                              | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore 9-02</b>                          |  |
| C. Length of stay in Baltimore<br><b>8 Years</b>  |                              | D. STREET ADDRESS (If rural, give location)<br><b>1523 Lakeside Ave</b>  |  |
| 5. SEX<br><b>F</b>  | 6. COLOR OR RACE<br><b>W</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Widow</b>  | 8. DATE OF BIRTH<br><b>Dec. 16, 1878</b>     |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b> |                              | 10B. KIND OF BUSINESS OR INDUSTRY<br><b>at Home</b>  | 9. AGE (In years last birthday)<br><b>72</b> |
| 13. FATHER'S NAME<br><b>Carl W. Gassmann</b>  |                              | 11. BIRTHPLACE (State or foreign country)<br><b>New York city N. Y.</b>  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)<br><b>no</b>                                  |                              | 12. CITIZEN OF WHAT COUNTRY?   |  |
| 16. SOCIAL SECURITY NO.<br><b>none</b>  |                              | 14. MOTHER'S MAIDEN NAME<br><b>Rosian Schrock</b>  |  |
| 17. INFORMANT<br><b>Mr. Emil T. Gassmann</b>  |                              | 17. INFORMANT ADDRESS<br><b>1523 Lakeside Ave.</b>   |  |

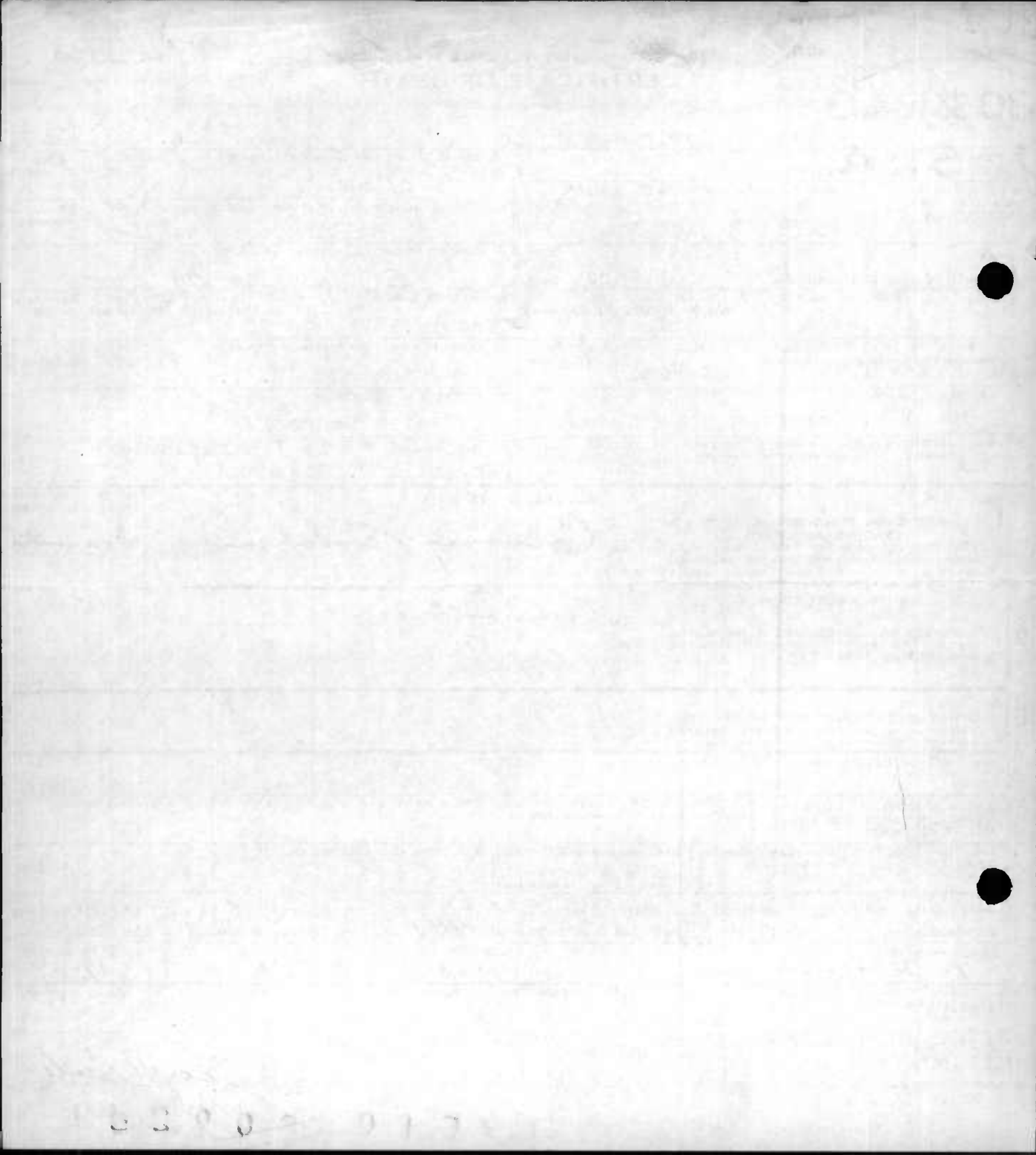
|   |   |  |
|---|---|--|
| 18. <b>420.1</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Coronary Embolism</b> | CAUSE OF DEATH<br>(A) <b>Coronary Embolism</b><br>DUE TO<br>(B) <b>Atherosclerosis</b><br>DUE TO<br>(C) | INTERVAL BETWEEN ONSET AND DEATH<br><b>3 minutes</b> |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   |   |  |

|  |   |  |  |  |
|--|---|--|--|--|
| 19A. DATE OF OPERATION<br><b>0</b>   |   | 19B. MAJOR FINDINGS OF OPERATION   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>   | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)                 | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) |  |  |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21F. HOW DID INJURY OCCUR?   |  |  |
| 22. I hereby certify that I attended the deceased from <b>1-28-51</b> , 19 <b>51</b> , to <b>1-28-51</b> , 19 <b>51</b> , that I last saw the deceased <b>alive</b> on <b>1-29-51</b> , 19 <b>51</b> , and that death occurred at <b>9:15 P m.</b> , from the causes and on the date stated above. |   |  |  |  |
| 23A. SIGNATURE<br><b>J. H. Heenan</b>  |   | 23B. ADDRESS<br><b>1710 E. 33rd St</b>                                   |  | 23C. DATE SIGNED<br><b>1-29-51</b>                                       |

|  |   |  |   |
|--|---|--|---|
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> | 24B. DATE<br><b>Jan 31, 1951</b>                        | 24C. NAME OF CEMETERY OR CREMATORY<br><b>Parkwood</b>                              | 24D. LOCATION (City, town, or county) (State)<br><b>Baltimore Md.</b> |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>AN 30 1951</b>      | REGISTRAR'S SIGNATURE<br><b>Thurston Williams, M.D.</b> | 25. FUNERAL DIRECTOR<br><b>H Sander &amp; Sons Inc</b><br><b>Baltimore 13, Md.</b> |   |

1 2 5 1 0 0 0 0 9 2 44a





51 0926

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 0926  
Registered No.

BIRTH NO. 51-01899

1. NAME OF DECEASED (David Hansen) (DAVID HANSEN BUCHHARDT)  
(Type or Print) Baby Boy Bucchardt

2. DATE OF DEATH 1-29-51

3. PLACE OF DEATH:  
A. Baltimore City, MarylandB. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

MARYLAND GENERAL HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)  
A. STATE B. COUNTY

MD

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
BALTIMORE XX\$ 14 27-38D. STREET ADDRESS (If rural, give location)  
2026 Swansen Rd SWANSEA MD

Length of stay in Baltimore life

Yrs.  
Mos.  
Days5. SEX  
M6. COLOR OR RACE  
W7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
S8. DATE OF BIRTH  
1-29-51

9. AGE (In years last birthday)

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
O10B. KIND OF BUSINESS OR INDUSTRY  
O11. BIRTHPLACE (State or foreign country)  
BALTIMORE

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME  
GUNNAR HANSEN BUCHHARDT14. MOTHER'S MAIDEN NAME  
Edna Anna Zipp

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Gunnar Hansen Buchhardt ADDRESS  
2026 Swansen Rd.

18. 762.0 I

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  
Atelectasis Neonatorum

(A) DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO  
(C)II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 7

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-29, 1951, to 1-29, 1951, that I last saw the deceased alive on 1-29, 1951, and that death occurred at 9:15 P. m., from the causes and on the date stated above.

23A. SIGNATURE  
George Brown

M. D.

23B. ADDRESS  
Maryland Gen Hosp23C. DATE SIGNED  
1-30-5124A. BURIAL, CREMATION, REMOVAL (Specify)  
Burial24B. DATE  
Jan. 30, 5124C. NAME OF CEMETERY OR CREMATORY  
Parkwood Cemetery24D. LOCATION (City, town, or county)  
Baltimore Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR  
JAN 30 1951REGISTRAR'S SIGNATURE  
William Williams25. FUNERAL DIRECTOR  
HENRY SANDER & SONS, INC.

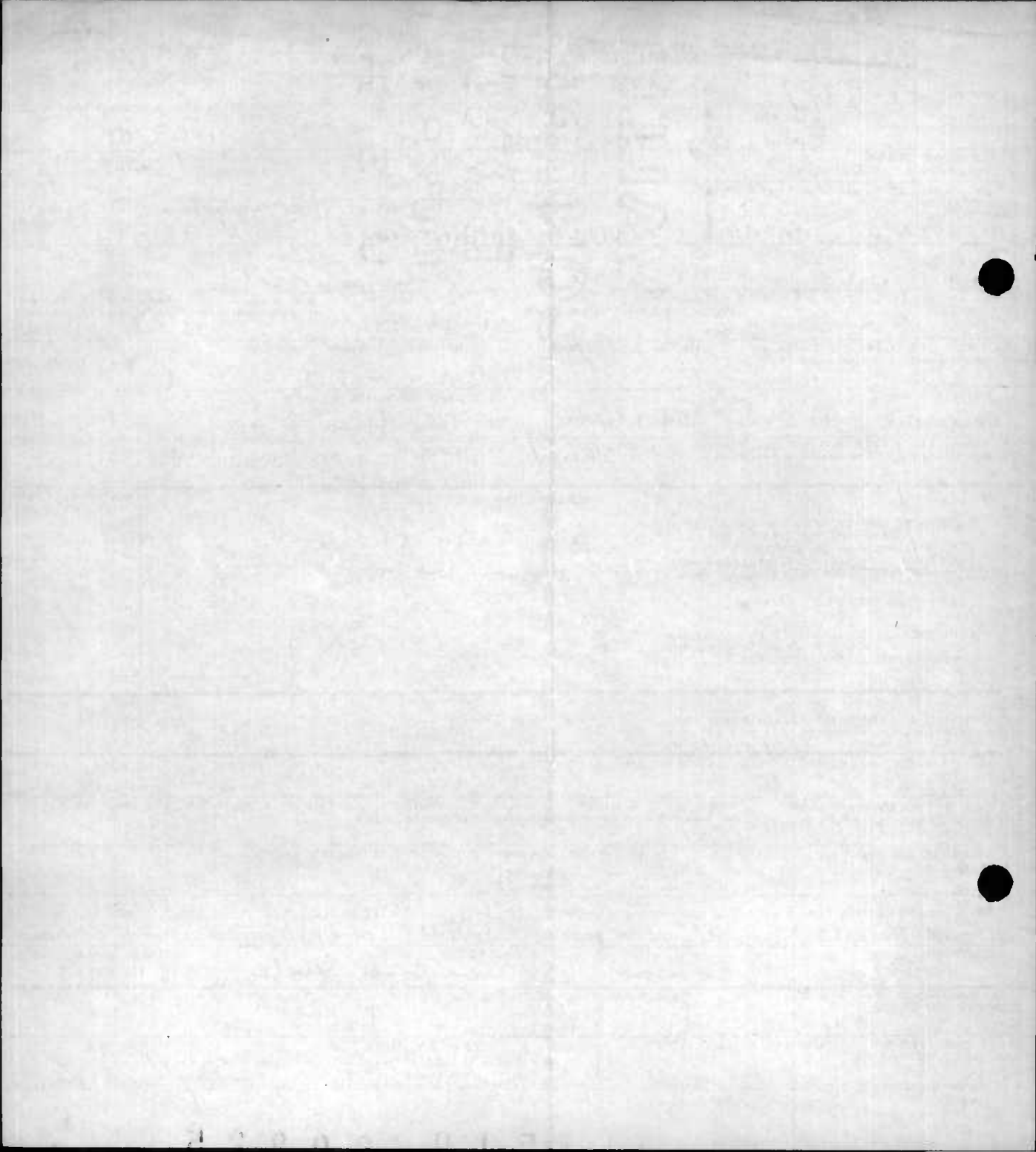
Baltimore Md.

ADDRESS  
Secy. A. Sander

VS 150

161a

MEDICAL CERTIFICATION



51 0927

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 50-28310

51 0927

1. NAME OF DECEASED  
(Type or Print)

Toni Gwendolyn Ashe

2. DATE  
OF  
DEATH

1/6/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

39 Provident Hospital

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)  
A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore 4-02D. STREET ADDRESS (If rural, give location)  
312 N. Greene St.

Length of stay in Baltimore

8 Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

12/30/50

9. AGE (In years  
last birthday)If Under 1 Year  
Months: Days: If Under 24 Hours  
Hours: Min.

8

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto, Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

John Ashe, Jr.

14. MOTHER'S MAIDEN NAME

Gietwa Flay Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

mother

ADDRESS

312 N. Greene St.

18. 726 X I

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Prematurity

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐22. I hereby certify that I attended the deceased from 12/30, 1950, to 1/6, 1951, that I last saw the  
deceased alive on 1/6, 1951, and that death occurred at 4 P. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL JAN 20 1951

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 31 1951

T. H. Williams, Jr.

Commissioner of Health

1000

1000

0 3 0 0 0 1 2



Dr. Ashman

1921 W. North Ave.



400  
51 0929BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 0929  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Susie F. Powell

2. DATE  
OF  
DEATH

Jan. 28, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

927 Bennett Place

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

927 Bennett Place

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

April 13, 1870

9. AGE (In years;  
last birthday)

80

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?  
U. S. A.

13. FATHER'S NAME

John Forman

14. MOTHER'S MAIDEN NAME

Gaines

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Braxton Powell 1718 N. Bayson St

18. 4222 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Chronic Myocarditis -

4 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT ☐  
WORKNOT WHILE ☐  
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 10, 1949, to Jan 28, 1951, that I last saw the  
deceased alive on Jan 26, 1951, and that death occurred at 8:05 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

1-31-51

Mt. Auburn Cem

Baltimore, Md

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 31 1951

W. Biddle St.

W. Biddle St.

STATE OF NEW YORK

OFFICE OF THE ATTORNEY GENERAL

IN SENATE

JANUARY 1, 1901

REPORT OF THE

COMMISSIONER OF THE LAND OFFICE

FOR THE YEAR 1900

ALBANY:

THE UNIVERSITY OF THE STATE OF NEW YORK

1901

PRINTED BY THE UNIVERSITY OF THE STATE OF NEW YORK

ALBANY

1901

THE UNIVERSITY OF THE STATE OF NEW YORK

ALBANY

1901

THE UNIVERSITY OF THE STATE OF NEW YORK

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THE UNIVERSITY OF THE STATE OF NEW YORK

ALBANY

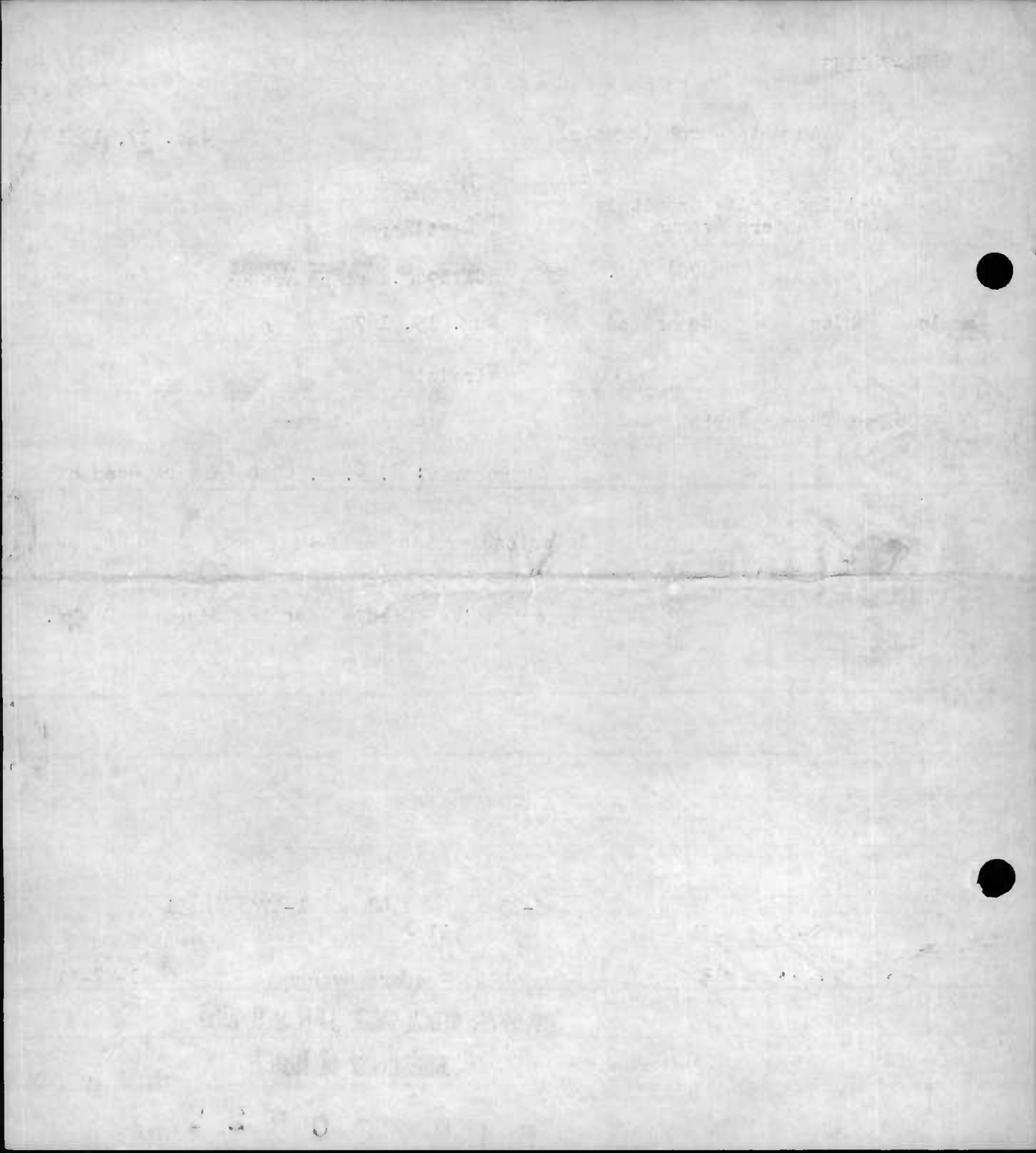
1901

THE UNIVERSITY OF THE STATE OF NEW YORK

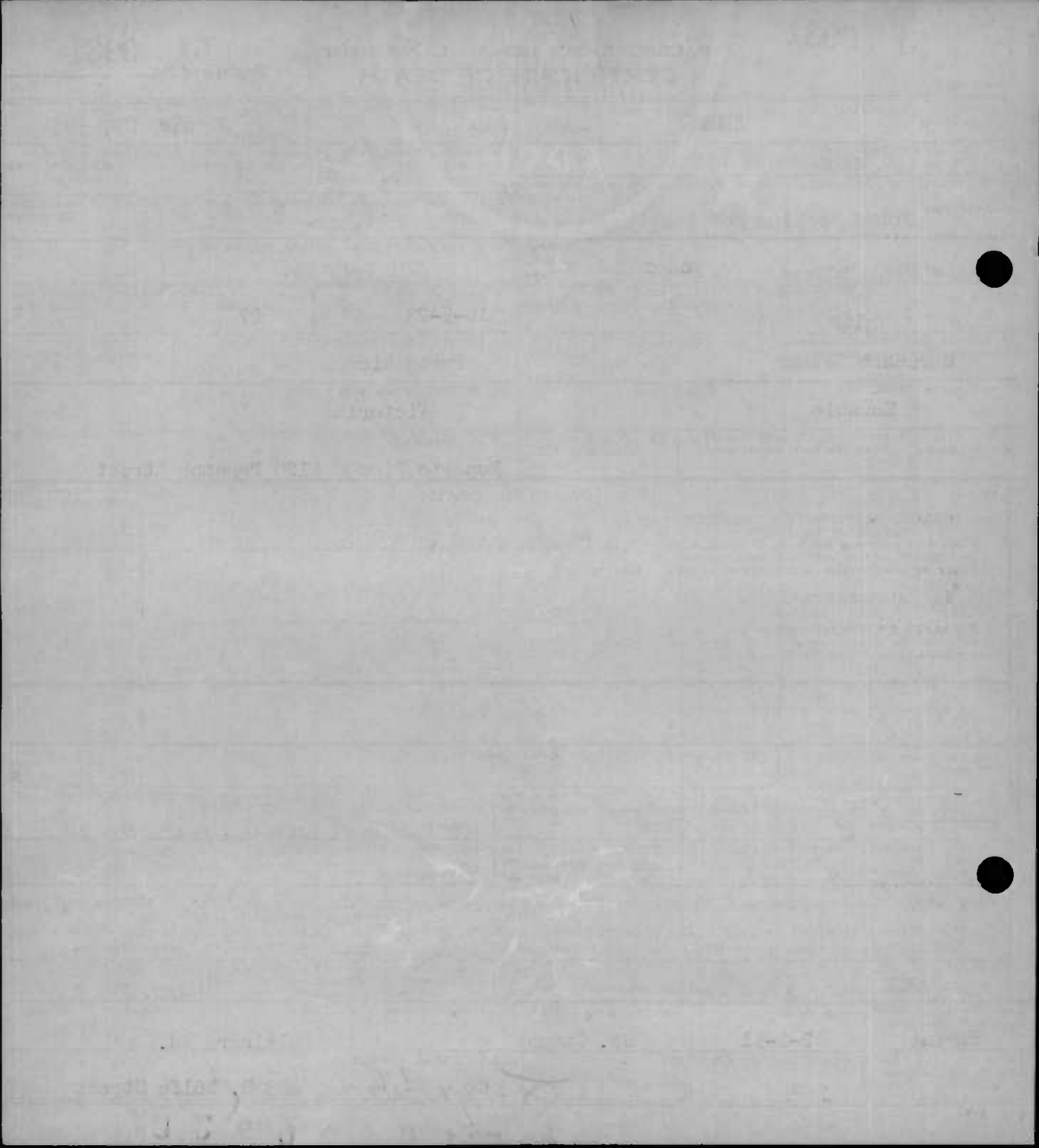
ALBANY

1901

| 51 0930  |  | BALTIMORE CITY HEALTH DEPARTMENT   |  | 51 0930   |  |
|--|--|--|--|---|--|
| REA-741153   |  | CERTIFICATE OF DEATH   |  | Registered No.  |  |
| BIRTH NO.  |  | 1. NAME OF DECEASED<br>(Type or Print)   |  | 2. DATE OF DEATH  |  |
|  |  | Augusta Burch (Agusta)   |  | Jan. 17, 1951   |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland  |  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE Maryland B. COUNTY |  | 1942  |  |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)<br>Baltimore City Hospitals<br>4940 Eastern Avenue  |  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br>Baltimore                            |  | 2801 Mosher St  |  |
| 5. LENGTH OF STAY IN BALTIMORE<br>31   |  | 6. AGE<br>70 1/2 Yrs.  |  | D. STREET ADDRESS (If rural, give location)<br>BCH 4940 Eastern Avenue              |  |
| 7. SEX<br>Female   |  | 8. COLOR OR RACE<br>White  |  | 9. DATE OF BIRTH<br>Aug. 15, 1870   |  |
| 10. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br>Separated  |  | 11. AGE (In years last birthday)<br>80   |  | 12. If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.                     |  |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  |  | 10B. KIND OF BUSINESS OR INDUSTRY  |  | 11. BIRTHPLACE (State or foreign country)<br>Virginia                               |  |
| 13. FATHER'S NAME<br>James Thomas Burch  |  | 14. MOTHER'S MAIDEN NAME<br>Sarah Clayton  |  | 12. CITIZEN OF WHAT COUNTRY?  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)  |  | 16. SOCIAL SECURITY NO.  |  | 17. INFORMANT<br>Records: B. C. H. 4940 Eastern Avenue                              |  |
| 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br>420.0 I<br>Arteriosclerotic Heart Disease |  | CAUSE OF DEATH   |  | INTERVAL BETWEEN ONSET AND DEATH<br>Years   |  |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br>(B) Hypertensive Cardio Vascular Disease<br>(C)  |  | DUE TO   |  | 2 Wks.  |  |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  |  |  |  |   |  |
| 19A. DATE OF OPERATION<br>0  |  | 19B. MAJOR FINDINGS OF OPERATION   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>  |  | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)                            |  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)            |  |
| 21D. TIME (Month) (Day) (Year) (Hour) INJURY   |  | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>               |  | 21F. HOW DID INJURY OCCUR?  |  |
| 22. I hereby certify that I attended the deceased from 5-23, 1942, to 1-17, 1951, that I last saw the deceased alive on 1-17, 1951, and that death occurred at 11 P. m., from the causes and on the date stated above.                           |  |  |  |   |  |
| 23A. SIGNATURE<br>J. S. O'Brien  |  | 23B. ADDRESS<br>4940 Eastern Avenue  |  | 23C. DATE SIGNED<br>1-22-51   |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)  |  | 24B. DATE  |  | 24C. NAME OF CEMETERY OR CREMATORY  |  |
|  |  |  |  | 24D. LOCATION (City, town, or county) (State)                                       |  |
| DATE RECEIVED BY LOCAL REGISTRAR<br>JAN 31 1951  |  | REGISTRAR'S SIGNATURE<br>William Williams  |  | 25. FUNERAL DIRECTOR<br>Commissioner of Health                                      |  |
| VS 150   |  |  |  | ADDRESS   |  |







51 0932

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 0932  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

HOMER

HOBBS

2. DATE  
OF  
DEATH

January 30, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Baltimore City Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
BaltimoreD. STREET ADDRESS (If rural, give location)  
227 S. Eden Street

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)  
married

8. DATE OF BIRTH

6-1-06

9. AGE (in years last birthday)

44

If Under 1 Year

Months

If Under 24 Hours

Days

If Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Brakeman10B. KIND OF BUSINESS OR INDUSTRY  
Pa. R.R.11. BIRTHPLACE (State or foreign country)  
Alabama12. CITIZEN OF  
WHAT COUNTRY?13. FATHER'S NAME  
Edward14. MOTHER'S MAIDEN NAME  
Sarah15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Lora Hobbs 2904 Elliott Street

18. ~~F800X~~

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Laceration of abdominal wall

~~AVULSION~~ Avulsion of intestine

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Intraperitoneal hemorrhage

~~COMPOUND~~ Compound comminuted fracture of  
left tibia and fibula

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☒ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)  
Railroad Yards21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

Pa. Railroad Yards  
Holabird & Newkirk Streets

21D. TIME (Month) (Day) (Year) (Hour)

Jan. 30, 1951 4:04 A.m.

21E. INJURY OCCURRED

WHILE AT WORK ☒ NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

boxcar

Run over by train after he fell from

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from  
Autopsy, Inspection or Inquiry  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER

23C. DATE SIGNED

Jan. 30, 1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

2-2-51

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

403 S. Wolfe Street

V S 151

N-862.2

62x59

169

MEDICAL CERTIFICATION





CERTIFICATE-CORRECTED

54 51 0933

BALTIMORE CITY HEALTH DEPARTMENT

51 0933

Registered No.

## CERTIFICATE OF DEATH

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

JOSEPH STANULLWICK

2. DATE

OF

DEATH January 29, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

New York

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Beacon

D. STREET ADDRESS (If rural, give location)

134 Vorplank St.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Baltimore City Hospital

Yrs.

Mos.

Days

Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

July 25, 1924

9. AGE (In years last birthday)

(20) 2

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Soldier

10B. KIND OF BUSINESS OR INDUSTRY

U.S. Army

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Whitehurst

U.S. Army Procurement

18. E810.4

## CAUSE OF DEATH

Center

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Fractured skull

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Fracture of right leg

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Street

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Boston and Kenwood Streets 1/1

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

January 29, 1951 2:10 a.m.

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

engine

Passenger in auto which ran into switch

22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

BS Fisher

23B. CHIEF MEDICAL EXAMINER.....☒

23C. DATE SIGNED

M.D.

MEDICAL INVESTIGATOR.....☐ Jan. 29, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24B. DATE

1-31-51

24C. NAME OF CEMETERY OR CREMATORY

St. Joseph's

24D. LOCATION (City, town, or county)

Beacon New York

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 31 1951

Wilmington, N.C.

Lilly &amp; Zelnick - 403 J. M. Ave. S.W.

VS 151

N-824.2

955259100032

170a

MEDICAL CERTIFICATION

EA 1442

CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

REGISTRATION

60  
51 0934BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

51 0934

BIRTH NO.

|  |                                  |   |   |  |  |
|--|----------------------------------|---|---|--|--|
| 1. NAME OF DECEASED<br>(Type or Print) <b>GEORGE MILLER</b>  |                                  |   | 2. DATE OF DEATH <b>Jan. 27, 1951</b>   |  |  |
| 3. PLACE OF DEATH:<br>A. <b>Baltimore City, Maryland</b>   |                                  |   | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>Md.</b><br>B. COUNTY |  |  |
| B. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>4717 Delaware Ave.</b>   |                                  |   | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore 27-16</b>                    |  |  |
| D. STREET ADDRESS (If rural, give location)<br><b>4717 Delaware Ave.</b>                                       |                                  |   | E. LENGTH OF STAY IN BALTIMORE<br>Yrs. Mos. Days  |  |  |
| 5. SEX<br><b>male</b>  | 6. COLOR OR RACE<br><b>white</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>married</b> | 8. DATE OF BIRTH<br><b>Sept. 19, 1897</b>   | 9. AGE (In years last birthday)<br><b>53</b> | If Under 1 Year Months: Days Hours: Min. |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Salesman</b> |                                  |   | 10B. KIND OF BUSINESS OR INDUSTRY<br><b>Milk</b>  |  |  |
| 11. BIRTHPLACE (State or foreign country)<br><b>Maryland</b>   |                                  |   | 12. CITIZEN OF WHAT COUNTRY?  |  |  |
| 13. FATHER'S NAME<br><b>George</b>   |                                  |   | 14. MOTHER'S MAIDEN NAME<br><b>Margaret (?)</b>   |  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)<br><b>no</b>               |                                  |   | 16. SOCIAL SECURITY NO.<br><b>215-10-2327</b>   |  |  |
| 17. INFORMANT<br><b>Mrs. Anna Miller - 4717 Delaware Ave.</b>  |                                  |   | ADDRESS   |  |  |

|   |  |
|---|--|
| 18. <b>151X</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)<br><b>CARCINOMA OF STOMACH</b><br>DUE TO<br>(A) <b>CARCINOMA OF STOMACH</b><br>(B) <b>Metastases to Liver</b><br>DUE TO<br>(C) | INTERVAL BETWEEN ONSET AND DEATH<br><b>4-6 months</b><br><b>3 months</b> |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   |  |

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| 19A. DATE OF OPERATION<br><b>Jan 1951</b>  |  | 19B. MAJOR FINDINGS OF OPERATION<br><b>Carcinoma of stomach</b>   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH  |  | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)                 |  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)            |  |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  |  | 21E. INJURY OCCURRED<br>WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/> |  | 21F. HOW DID INJURY OCCUR?  |  |
| 22. I hereby certify that I attended the deceased from <b>OCT 1950</b> , to <b>Jan 27, 1951</b> , that I last saw the deceased alive on <b>1/27/1951</b> , and that death occurred at <b>6 P. M.</b> , from the causes and on the date stated above. |  |   |  |   |  |
| 23A. SIGNATURE<br><b>Alex A. Wernick</b><br>M. D.  |  | 23B. ADDRESS<br><b>4603 Park Ave</b>  |  | 23C. DATE SIGNED<br><b>1-31-51</b>  |  |

|  |  |   |  |   |  |   |  |
|--|--|---|--|---|--|---|--|
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> |  | 24B. DATE<br><b>1/ /51</b>                          |  | 24C. NAME OF CEMETERY OR CREMATORY<br><b>New Cathedral Cem.</b> |  | 24D. LOCATION (City, town, or county) (State)<br><b>Balto., Md.</b> |  |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>JAN 31 1951</b>     |  | REGISTRAR'S SIGNATURE<br><b>William H. Williams</b> |  | 25. FUNERAL DIRECTOR<br><b>Wm. J. Sicker</b>                    |  | ADDRESS<br><b>Balto Md.</b>   |  |

VS 150

4906 B 00003346 B

1. *Journal of the American Medical Association*, 1997; 277: 1039-1043.

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3349

350 51 0935

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 0935  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Samuel Stone

2. DATE  
OF  
DEATH

Jan. 30, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

42 SINAI HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

MD. BALTO. CITY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto 15-12

D. STREET ADDRESS (If rural, give location)

3702 Park Heights Ave

C. Length of stay in Baltimore

50

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9. AGE (In years  
last birthday)

54

If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Salesman

10B. KIND OF BUSINESS OR  
INDUSTRY

Bedding

11. BIRTHPLACE (State, or foreign country)

Russia

12. CITIZEN OF  
WHAT COUNTRY?

U.S.G.

13. FATHER'S NAME

Harry

14. MOTHER'S MAIDEN NAME

Molly

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

Yes WAR I

16. SOCIAL  
SECURITY NO.

217-09-3648

17. INFORMANT

ADDRESS

Helda Stone - 3702 Park Heights Ave

18. 420.1 I CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Heart failure

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Acute myocardial infarction

DUE TO

(C) thrombosis and occlusion of coronary vessel

INTERVAL BETWEEN  
ONSET AND DEATH

Jan 26, 1951

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 27, 1951, to Jan. 30, 1951, that I last saw the  
deceased alive on Jan. 30, 1951, and that death occurred at 1:20 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Bernard J. Wolfson M. D.

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

Jan. 30, 1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

1/31/51

24C. NAME OF CEMETERY OR CREMATORY

Wash. Ref.

24D. LOCATION (City, town, or county)

Balto

(State)

Md

DATE RECEIVED BY  
LOCAL REGISTRAR

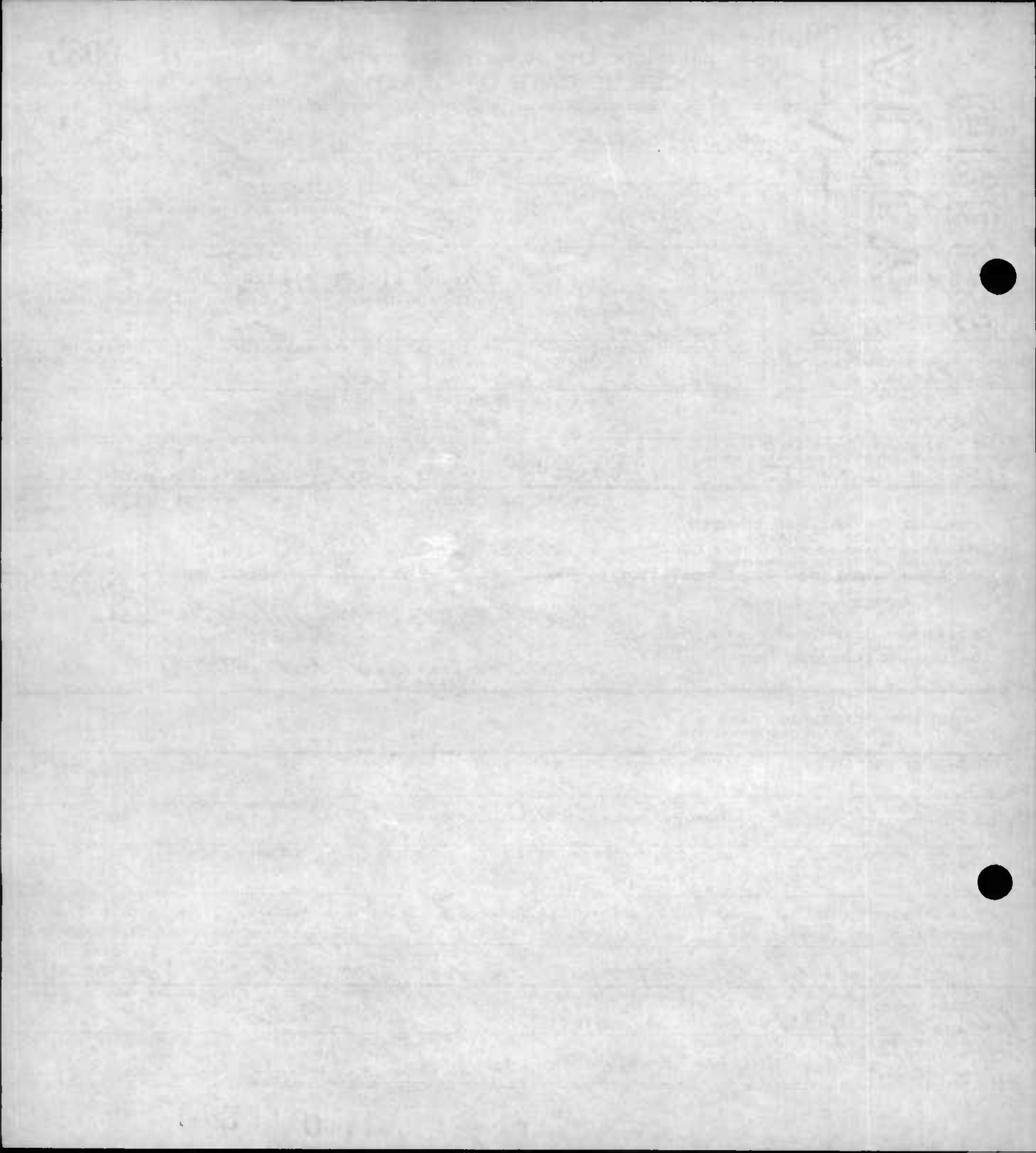
REGISTRAR'S SIGNATURE

Lutington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Jart Lewis Inc - 2100 Eutaw Pl.





524  
51 0936BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0936

Registered No.

BIRTH NO.

|  |                                  |   |                  |
|--|----------------------------------|---|------------------|
| 1. NAME OF DECEASED<br>(Type or Print) <b>ELLIS FINKELESTEIN</b>   |                                  | 2. DATE OF DEATH <b>1-30-51</b>   |                  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland <b>3402 Springdale Ave.</b>  |                                  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>MD</b> B. COUNTY |                  |
| B. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>3402 Springdale Ave</b>  |                                  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore 15-38</b>                |                  |
| C. Length of stay in Baltimore   |                                  | D. STREET ADDRESS (If rural, give location)<br><b>3402 Springdale Ave</b>   |                  |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b>   | 8. DATE OF BIRTH |
| 9. AGE (in years last birthday)<br><b>57</b>   |                                  | 10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.  |                  |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)<br><b>Merchant</b>  |                                  | 10B. KIND OF BUSINESS OR INDUSTRY<br><b>General Mase</b>  |                  |
| 11. BIRTHPLACE (State or foreign country)<br><b>Balto MD</b>   |                                  | 12. CITIZEN OF WHAT COUNTRY?  |                  |
| 13. FATHER'S NAME<br><b>Jacob</b>  |                                  | 14. MOTHER'S MAIDEN NAME<br><b>Sarah</b>  |                  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)  |                                  | 16. SOCIAL SECURITY NO.   |                  |
| 17. INFORMANT<br><b>Fannie Finkelstein - Same</b>  |                                  | ADDRESS   |                  |
| 18. <b>420.1</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Coronary Thrombosis</b>                                      |                                  | INTERVAL BETWEEN ONSET AND DEATH<br><b>3 hrs.</b>   |                  |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><br>II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.                            |                                  | (B) DUE TO<br>(C)   |                  |
| 19A. DATE OF OPERATION <b>0</b>  |                                  | 19B. MAJOR FINDINGS OF OPERATION  |                  |
| 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>   |                                  |   |                  |
| 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)   |                                  | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)                             |                  |
| 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)   |                                  |   |                  |
| 21D. TIME (Month) (Day) (Year) (Hour) INJURY   |                                  | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>             |                  |
| 21F. HOW DID INJURY OCCUR?   |                                  |   |                  |
| 22. I hereby certify that I attended the deceased from <b>Jan 30</b> , 19 <b>51</b> , to <b>Jan 30</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>Jan 30</b> , 19 <b>51</b> , and that death occurred at <b>12 Noon</b> , from the causes and on the date stated above. |                                  |   |                  |
| 23A. SIGNATURE<br><b>Harry Lachman</b>   |                                  | 23B. ADDRESS<br><b>2322 Calloway</b>  |                  |
| 23C. DATE SIGNED<br><b>Jan 30, 1951</b>  |                                  |   |                  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |                                  | 24B. DATE<br><b>1-31-51</b>   |                  |
| 24C. NAME OF CEMETERY OR CREMATORY<br><b>Rosedale</b>  |                                  | 24D. LOCATION (City, town, or county) (State)<br><b>Balto MD</b>  |                  |
| 25. FUNERAL DIRECTOR<br><b>Jack Lewis</b>  |                                  | ADDRESS<br><b>2100 Eutaw Pl</b>   |                  |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>JAN 31 1951</b>   |                                  | REGISTRAR'S SIGNATURE<br><b>Wilmington Williams</b>   |                  |

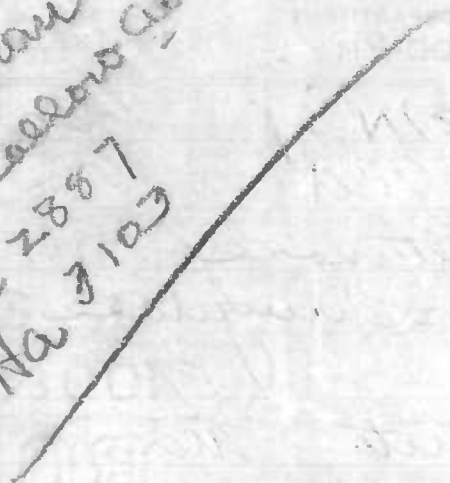
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1951 0936

Lachman  
7372  
Ca 2887  
Ha 7103



51 0937

FRIENDLY

51 0937

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

32-W. West St.

Length of stay in Baltimore

5. SEX

M.

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE

Md.

b. COUNTY

City.

c. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

23-01

d. STREET ADDRESS (If rural, give location)

1113-W. Rose St.

PAC ST

8. DATE OF BIRTH

Oct. 10, 29

9. AGE (In years last birthday)

21 2 21

If Under 1 Year

Months: Days: Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)

Laborer

10b. KIND OF BUSINESS OR INDUSTRY

Auto Electrician

11. BIRTHPLACE (State or foreign country)

Little Wash. Pa.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Edward

14. MOTHER'S MAIDEN NAME

Emma Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Emma Harris-Glen-Burnie

ADDRESS

Emma Harris-Glen-Burnie

18. E982X1

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Slab Wound of Chest

involving

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Heart with Hemorrhage

(C) into Pericardium and left Chest

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21a. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

House

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

52 W. West Street

21d. TIME (Month) (Day) (Year) (Hour)

Jan. 27, 1951 8:30 P.

21e. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?

Stabbed with sharp instrument

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23a. SIGNATURE

William V. ...

23b. CHIEF MEDICAL EXAMINER

M.D. MEDICAL INVESTIGATOR

23c. DATE SIGNED

1-28-51

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

Feb 3/51

24c. NAME OF CEMETERY OR CREMATORY

Mt Calvary

24d. LOCATION (City, town, or county) (State)

Ct Hill Md

DATE RECEIVED BY LOCAL REGISTRAR

JAN 31 1951

REGISTRAR'S SIGNATURE

William V. ...

25. FUNERAL DIRECTOR

W. J. Halstead

ADDRESS

-918

VS 151

N-861.2

97083

Hill ave 167

MEDICAL CERTIFICATION

# CERTIFICATE OF DEATH

BALTIMORE CITY HEALTH DEPARTMENT

10-1-1914

## CAUSE OF DEATH

1. DISEASE OR INJURY

2. PLACE OF DEATH

3. TIME OF DEATH

4. NAME OF PHYSICIAN

5. NAME OF BURIAL PLACE

6. NAME OF FUNERAL HOME

7. NAME OF CEMETERY

8. NAME OF MINISTER

9. NAME OF CHURCH

10. NAME OF COFFIN

11. NAME OF CLOTHES

12. NAME OF SHOE

13. NAME OF HAT

14. NAME OF GLOVES

15. NAME OF BAG

16. NAME OF OTHER

25 51 0938

51 0938

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

William Johnson

2. DATE  
OF  
DEATH

1-28-1951

3. PLACE OF DEATH

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence

A. STATE

B. COUNTY

before admission)

5. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

1619 W Lexington St.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto.

17-02

D. STREET ADDRESS (If rural, give location)

1619 W Lexington St.

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

male

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Apr 15, 1871

9. AGE (In years last birthday)

79

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Store Keeper

Broken Store

11. BIRTHPLACE (State or foreign country)

TENN.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mannie Johnson Lexington St.

18. 334X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Apoplexy

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Hypertension  
Bronchial Asthma

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) DUE TO

Acute Cardiac Disturbance

Seven days

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 10, 1951, to Jan 26, 1951, that I last saw the deceased alive on Jan 24, 1951, and that death occurred at 3:10 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 31 1951

Huntington Williams

Mrs Katie R. Williams Schroeder

VS 150

83a

1951 0000037

MEDICAL CERTIFICATION

WAL  
CORR

Chapman  
H. H. Chapman  
H. H. Chapman  
H. H. Chapman

Chapman  
H. H. Chapman  
H. H. Chapman  
H. H. Chapman



51. 0939

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

51. 0939

BIRTH NO.

|  |                                 |  |   |
|--|---------------------------------|--|---|
| 1. NAME OF DECEASED<br>(Type or Print) <i>Calvin S Thomas</i>  |                                 | 2. DATE OF DEATH <i>1-28-1957</i>  |   |
| 3. PLACE OF DEATH:<br>a. Baltimore City, Maryland  |                                 | 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)<br>A. STATE <i>Md.</i><br>B. COUNTY <i>19-01</i> |   |
| b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)<br><i>532 Bruce St.</i> |                                 | c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><i>Balto.</i>  |   |
| c. Length of stay in Baltimore   |                                 | d. STREET ADDRESS (If rural, give location)<br><i>532 Bruce St.</i>  |   |
| 5. SEX<br><i>Male</i>  | 6. COLOR OR RACE<br><i>Col.</i> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><i>Married</i>  | 8. DATE OF BIRTH<br><i>Sept. 1897</i>         |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><i>Laborer</i>                        |                                 | 10b. KIND OF BUSINESS OR INDUSTRY<br><i>Construction</i>   | 9. AGE (In years, last birthday)<br><i>53</i> |
| 13. FATHER'S NAME<br><i>P</i>  |                                 | 11. BIRTHPLACE (State or foreign country)<br><i>Ellicott City Md.</i>  |   |
|  |                                 | 12. CITIZEN OF WHAT COUNTRY?<br><i>U.S.A.</i>  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)<br><i>Yes</i>                                     |                                 | 14. MOTHER'S MAIDEN NAME<br><i>P</i>   |   |
| 16. SOCIAL SECURITY NO.  |                                 | 17. INFORMANT<br><i>Lillian Thomas</i>   |   |
|  |                                 | ADDRESS<br><i>532 N. Bruce St.</i>   |   |

18. *331X I*  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH  
(A) *Cerebral Hemorrhage*  
DUE TO

INTERVAL BETWEEN ONSET AND DEATH

*1 day*

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Hypertension*  
DUE TO

*2 years*

## II

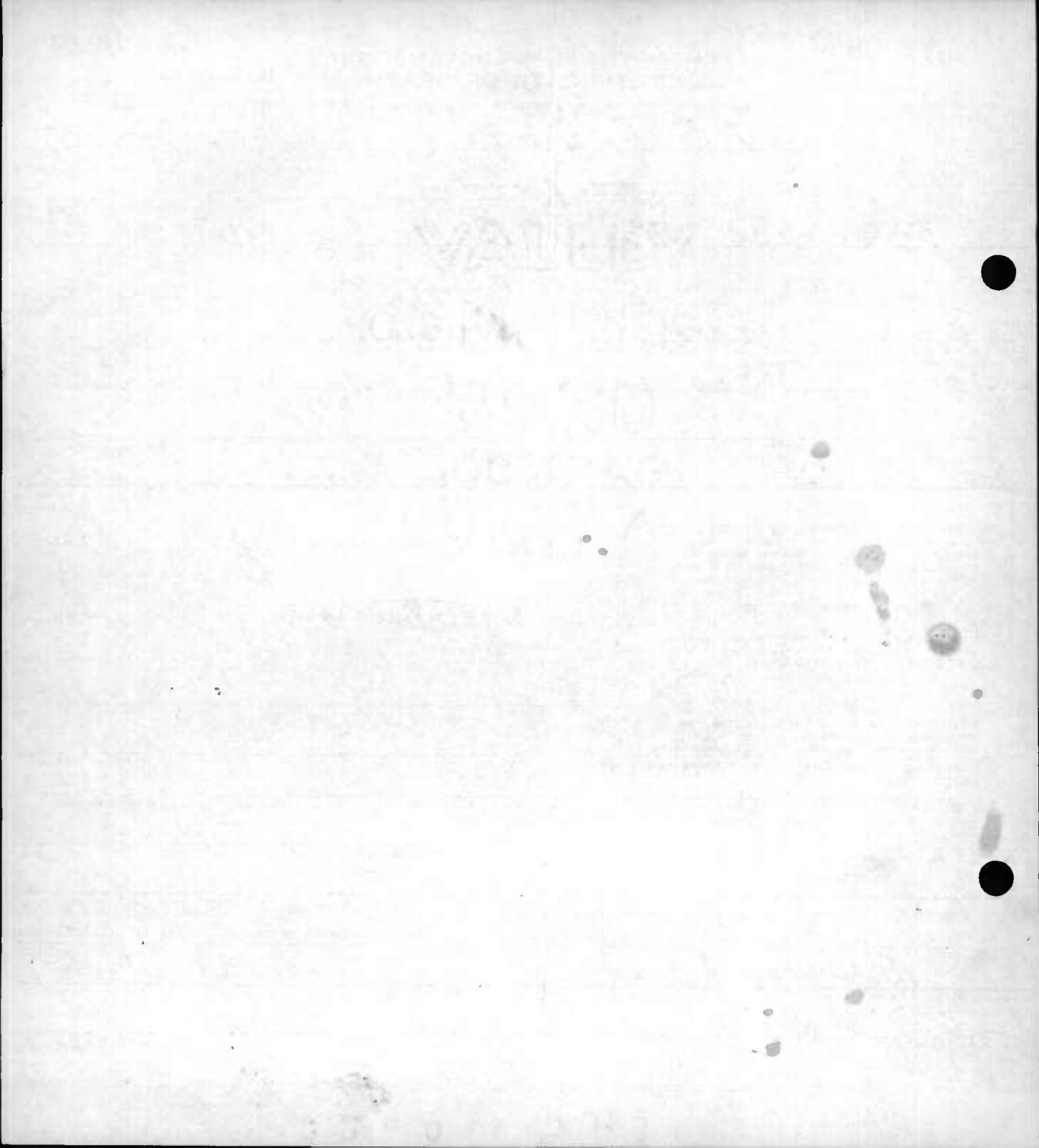
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| 19a. DATE OF OPERATION                                  |  | 19b. MAJOR FINDINGS OF OPERATION  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |  |
| 21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)<br><i>no</i> |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                  |  | 21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) |  |
| 21d. TIME (Month) (Day) (Year) (Hour) INJURY            |  | 21e. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR?   |  |

22. I hereby certify that I attended the deceased from *Jan 27, 1957*, to *Jan 28, 1957*, that I last saw the deceased alive on *Jan 27, 1957*, and that death occurred at *4 A.M.*, from the causes and on the date stated above.

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 23a. SIGNATURE<br><i>Douglas Sheppard</i>                          |  | 23b. ADDRESS<br><i>404 N. Fulton Ave</i>                 |  | 23c. DATE SIGNED<br><i>1/30/57</i>                           |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><i>Burial</i>         |  | 24b. DATE<br><i>1-31-1957</i>                            |  | 24c. NAME OF CEMETERY OR CREMATORY<br><i>Balto. National</i> |  |
| 24d. LOCATION (City, town, or county) (State)<br><i>Balto. Md.</i> |  | 25. FUNERAL DIRECTOR<br><i>Mr. Katie R. Williams</i>     |  | ADDRESS<br><i>322 N. Schuyler St.</i>                        |  |
| DATE RECEIVED BY LOCAL REGISTRAR<br><i>IAN 31 1957</i>             |  | REGISTRAR'S SIGNATURE<br><i>Wilmington Williams, Jr.</i> |  |  |  |





51 0940

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 0940  
Registered No.

BIRTH NO.

|   |                                  |   |   |  |  |
|---|----------------------------------|---|---|--|--|
| 1. NAME OF DECEASED<br>(Type or Print) <b>ANNA WALL</b>   |                                  |   | 2. DATE OF DEATH <b>Jan. 30th, 1951</b>   |  |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland   |                                  |   | 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)<br>A. STATE <b>Md.</b><br>B. COUNTY |  |  |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR INSTITUTION<br><b>1537 Montpelier St.</b> |                                  |   | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Balto.</b>                             |  |  |
| D. STREET ADDRESS (If rural, give location)<br><b>1537 Montpelier St.</b>   |                                  |   | E. LENGTH OF STAY IN BALTIMORE <b>6 months</b>  |  |  |
| 5. SEX<br><b>female</b>   | 6. COLOR OR RACE<br><b>white</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>widowed</b> | 8. DATE OF BIRTH<br><b>Feb. 9th, 1873</b>   |  | 9. AGE (In years last birthday)<br><b>77</b>   |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>                               |                                  | 10B. KIND OF BUSINESS OR INDUSTRY<br><b>Own Home</b>              | 11. BIRTHPLACE (State or foreign country)<br><b>Germany</b>   |  | 12. CITIZENSHIP OF WHAT COUNTRY?<br><b>USA</b> |
| 13. FATHER'S NAME<br><b>George Lieberman</b>  |                                  |   | 14. MOTHER'S MAIDEN NAME<br><b>Margareth Lesh</b>   |  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)<br><b>no</b>                         |                                  | 16. SOCIAL SECURITY NO.<br><b>none</b>                            | 17. INFORMANT ADDRESS<br><b>Mrs. Hilda Lewert, 1537 Montpelier St. Balto.</b>   |  |  |

MEDICAL CERTIFICATION

|   |  |               |   |
|---|--|---------------|---|
| 18. <b>560 X</b>  | CAUSE OF DEATH                               |               | INTERVAL BETWEEN ONSET AND DEATH  |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) | (A) <b>Coronary occlusion</b>                | <b>5 days</b> |   |
| ANTECEDENT CAUSES   | (B) <b>Generalized arteriosclerosis</b>      | <b>?</b>      |   |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.   | (C) <b>Diabetes mellitus</b>                 | <b>3 yrs</b>  |   |
| 19A. DATE OF OPERATION<br><b>—</b>  | 19B. MAJOR FINDINGS OF OPERATION<br><b>—</b> |               | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

|   |  |  |
|---|--|--|
| 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)            | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)              | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) |
| 21D. TIME (Month) (Day) (Year) (Hour) (Minute) INJURY | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21F. HOW DID INJURY OCCUR?   |

22. I hereby certify that I attended the deceased from **July**, 19**50** to **Jan**, 19**51**, that I last saw the deceased alive on **Jan 28**, 19**51**, and that death occurred at **12:30 Pm.**, from the causes and on the date stated above.

|   |                                       |   |
|---|---------------------------------------|---|
| 23A. SIGNATURE<br><b>Friedrich J. Hollmer</b> | 23B. ADDRESS<br><b>6100 York Road</b> | 23C. DATE SIGNED<br><b>Jan 31, 1951</b> |
|---|---------------------------------------|---|

|  |   |   |   |
|--|---|---|---|
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>burial</b> | 24B. DATE<br><b>Feb. 1, 1951</b>              | 24C. NAME OF CEMETERY OR CREMATORY<br><b>Forest Hill Cemetery</b>           | 24D. LOCATION (City, town, or county) (State)<br><b>Scranton, Pa.</b> |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>JAN 31 1951</b>     | REGISTRAR'S SIGNATURE<br><b>W. J. Hollmer</b> | 25. FUNERAL DIRECTOR ADDRESS<br><b>Lassahn Funeral Home 7401 Belair Rd.</b> |   |

19510000939 61

6100 Yale Rd

30

51 0941

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0941

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ELMER BOWERS TRUITT

2. DATE  
OF  
DEATH

Jan. 29, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

US Marine Hospital  
Wyman Pk. Drive & 31st St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

621 E. 29th Street

Length of stay in Baltimore

?

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

11/12/93

9. AGE (In years  
last birthday)

57

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Oilburner serviceman

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Pa.

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

George L. Truitt

14. MOTHER'S MAIDEN NAME

Laura V. Walton

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

WW 2

16. SOCIAL  
SECURITY NO.

138-03-4521

17. INFORMANT

ADDRESS

Records- US Marine Hospital, Balto, Md.

18. 420.1 I

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Coronary occlusion, cardiac infarction  
recent and old with cardiac hyper-  
trophy, dilatation and failure;  
pulmonary infarction.

2-3 yrs.

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1, 1951 to Jan. 29, 1951, that I last saw the  
deceased alive on Jan. 29, 1951, and that death occurred at 10:30 PM, from the causes and on the date stated above.

23A. SIGNATURE

John L. Wilson, Medical Director M.D.

23B. ADDRESS

US Marine Hospital, Balto, Md.

23C. DATE SIGNED

1/30/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

removal

24B. DATE

2/1/51

24C. NAME OF CEMETERY OR CREMATORY

Atlantic City

24D. LOCATION (City, town, or county)

Atlantic City, New Jersey

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

JAN 31 1951

REGISTRAR'S SIGNATURE

William M. Williams

25. FUNERAL DIRECTOR

ADDRESS

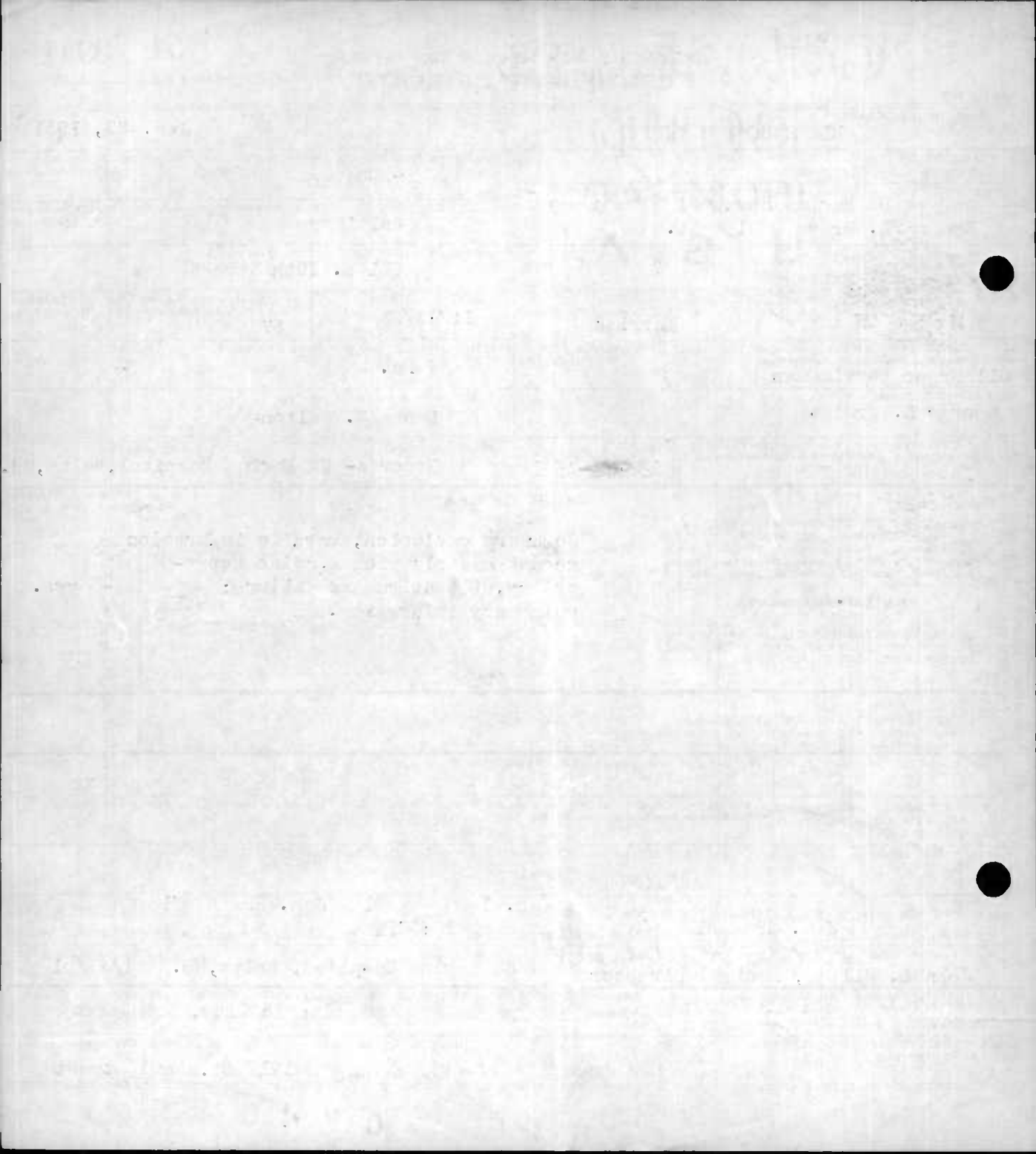
H.M. Cook, Inc. 1217 St. Paul Street

VS 150

5548800040

952

MEDICAL CERTIFICATION



340

51 0942

CERTIFICATE CORRECTED

2-7-51

51 0942

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ANNA M. LITTLE

2. DATE OF DEATH

Jan. 29, 1951

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION

401 E. Gittings St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

24-02

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

d. STREET ADDRESS (If rural, give location)

401 E. Gittings St.

c. Length of stay in Baltimore

Yrs.

Mos.

Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Oct. 7, 1875

9. AGE (In years last birthday)

75

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Joseph Gerber

14. MOTHER'S MAIDEN NAME

Anna M. Epp

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

-

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

-

17. INFORMANT

Bauer

ADDRESS

Mr. James M. Bower - 401 E. Gittings St.

18. 443X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Central Apoplexy.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arterio sclerosis,

DUE TO

(C) hyperkalemia - myocarditis

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES

NO

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK

NOT WHILE AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 15, 1950, to January 29, 1951, that I last saw the deceased alive on Jan 27, 1951, and that death occurred at 2:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

John G. Scheurich

M. D.

23B. ADDRESS

1337 S. Charles St.

23C. DATE SIGNED

1/30/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/1/51

24C. NAME OF CEMETERY OR CREMATORY

Holy Cross Cem.

24D. LOCATION (City, town, or county) (State)

Brooklyn, Md.

DATE RECEIVED BY LOCAL REGISTRAR

JAN 31 1951

REGISTRAR'S SIGNATURE

Wm. J. Tichener

25. FUNERAL DIRECTOR'S ADDRESS

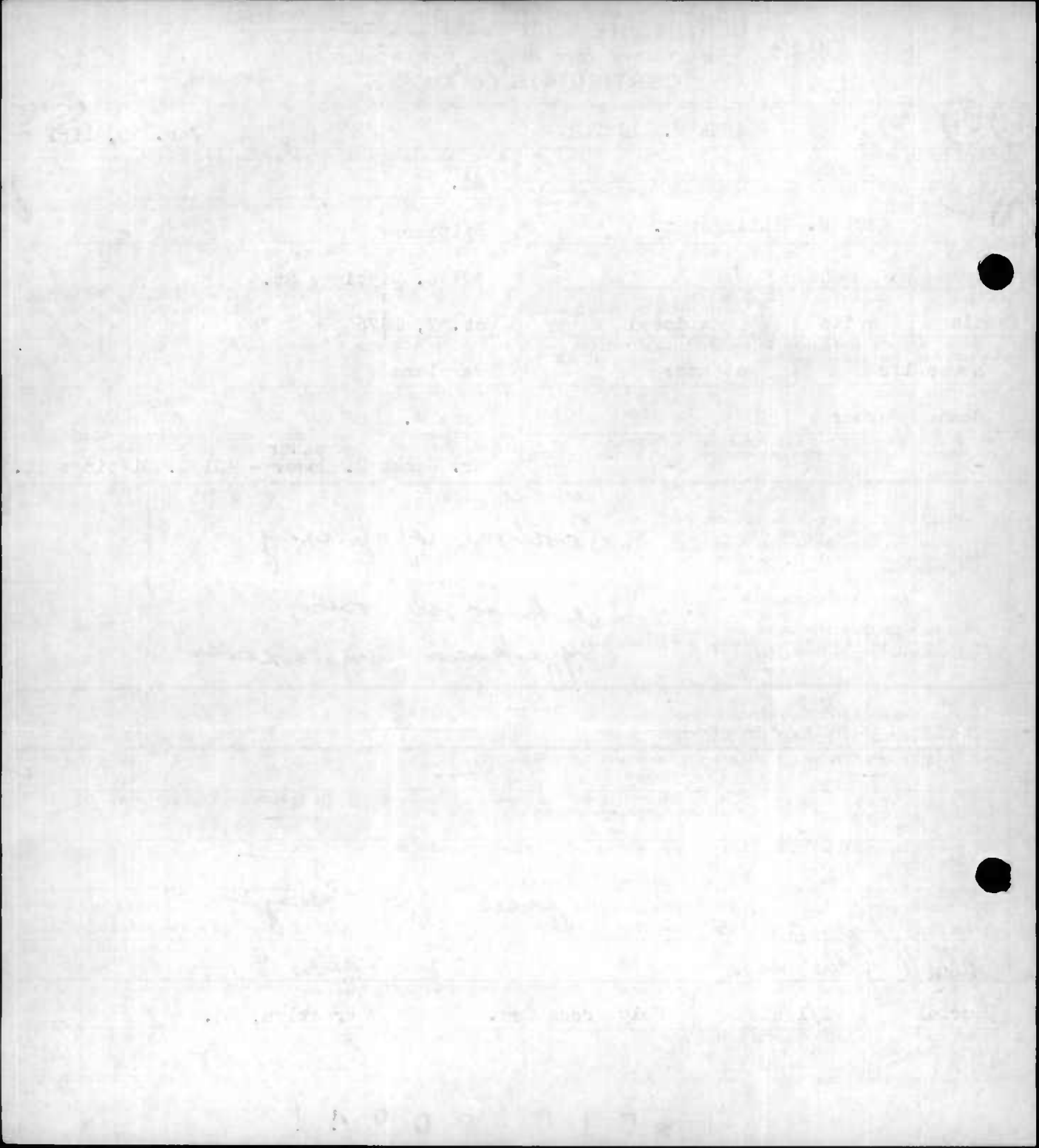
Wm. J. Tichener & Sons - Balt Md.

VS 150

19510000941

937

MEDICAL CERTIFICATION





620  
51 0943BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 0943  
Registered No.

|   |                               |  |   |
|---|-------------------------------|--|---|
| 1. NAME OF DECEASED<br>(Type or Print) <i>Hannah M. Carrick</i>   |                               | 2. DATE OF DEATH <i>Jan. 30, 1951</i>  |   |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland <i>4208 Keisterstown Rd</i>   |                               | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i> |   |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR INSTITUTION <i>60</i> |                               | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><i>Baltimore</i> <i>15-13</i>                                |   |
| C. Length of stay in Baltimore <i>About 50 years</i>  |                               | D. STREET ADDRESS (If rural, give location)<br><i>4208 Keisterstown Road</i>   |   |
| 5. SEX <i>Female</i>  | 6. COLOR OR RACE <i>White</i> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>   | 8. DATE OF BIRTH <i>Oct 28, 1860</i>      |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>              |                               | 10B. KIND OF BUSINESS OR INDUSTRY <i>Home</i>  | 9. AGE (In years last birthday) <i>90</i> |
| 13. FATHER'S NAME <i>John Henry Reedy</i>   |                               | 12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>   |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>   |                               | 14. MOTHER'S MAIDEN NAME <i>Nancy Jones</i>  |   |
| 16. SOCIAL SECURITY NO. <i>1</i>  |                               | 17. INFORMANT (Daughter) <i>Mrs Eva M. Wetzel</i> ADDRESS <i>3108 Woodland Ave</i>   |   |

|   |   |
|---|---|
| 18. <i>450.0</i><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><i>General Arterio Sclerosis</i><br>DUE TO<br>ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><i>Hypostatic Pneumonia</i><br>DUE TO<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | CAUSE OF DEATH<br><i>General Arterio Sclerosis</i><br>DUE TO<br><i>Hypostatic Pneumonia</i><br>DUE TO<br><i>Interval between onset and death</i><br><i>Jan 15-1949</i><br><i>Jan 28-30/1951</i> |
|---|---|

|  |   |  |
|--|---|--|
| 19A. DATE OF OPERATION                       | 19B. MAJOR FINDINGS OF OPERATION  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)   | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)                 | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) |
| 21D. TIME (Month) (Day) (Year) (Hour) INJURY | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21F. HOW DID INJURY OCCUR?   |

22. I hereby certify that I attended the deceased from *June 15, 1949* to *Jan. 30, 1951*, that I last saw the deceased alive on *Jan 30, 1951*, and that death occurred at *12:15 A. M.*, from the causes and on the date stated above.

|                                    |   |                                      |
|------------------------------------|---|--------------------------------------|
| 23A. SIGNATURE <i>John D. Burt</i> | 23B. ADDRESS <i>M. D. 4803 Park Heights Ave</i> | 23C. DATE SIGNED <i>Jan 30, 1951</i> |
|------------------------------------|---|--------------------------------------|

|   |                              |  |  |
|---|------------------------------|--|--|
| 24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i> | 24B. DATE <i>Feb 1, 1951</i> | 24C. NAME OF CEMETERY OR CREMATORY <i>Woodlawn</i> | 24D. LOCATION (City, town, or county) (State) <i>Woodlawn Balto. Co. Md.</i> |
|---|------------------------------|--|--|

|   |  |  |         |
|---|--|--|---------|
| DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 31 1951</i> | REGISTRAR'S SIGNATURE <i>Huntington Williams</i> | 25. FUNERAL DIRECTOR <i>Loring Byers</i> | ADDRESS |
|---|--|--|---------|

31-000

RECEIVED BY MAIL  
RECEIVED BY MAIL

1944

NO. 1

100-100

RECORD

CONGR

WALTER

1944

400  
51 0944BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

51 0944

BIRTH NO. 51-02138

1. NAME OF DECEASED  
(Type or Print)

BABY BOY BOHLI - Edward Joseph

2. DATE  
OF  
DEATH

1-30-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Bon SECOURS Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

MD

Baltimore

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

PARKVILLE

5300

D. STREET ADDRESS (If rural, give location)

2938 Edgewood Ave

Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

MALE

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

1-28-51

9. AGE (In years  
last birthday)H Under 1 Year  
Months DaysH Under 24 Hours  
Hours Min.

2 4 20

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Child

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

BaltO Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

John Joseph BOHLI

14. MOTHER'S MAIDEN NAME

IDA MAY BROWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Father

Same

18. 762.5

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Respiratory Failure

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Congenital atelectasis lungs

DUE TO

(C) Prematurity

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/28/51, 1951, to 1/30, 1951, that I last saw the  
deceased alive on 1/30, 1951, and that death occurred at 4:00 P.m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

D. Schroeder

Bon Secours Hosp

1/30/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 31 1951

Tunstington Williams, Inc.

J. F. Luck

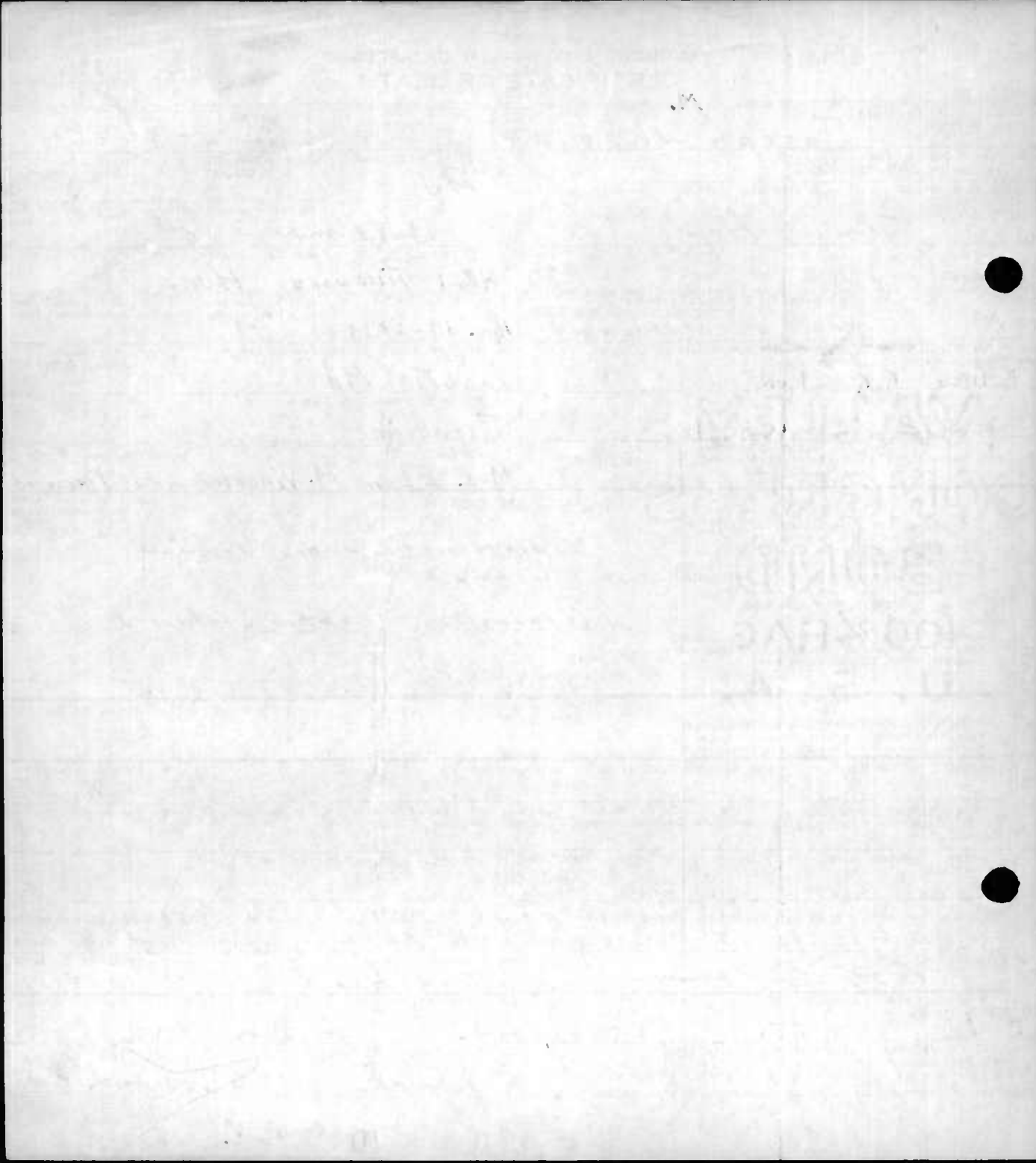
5305 Hayford Rd

STATE OF CALIFORNIA  
DEPARTMENT OF PUBLIC SAFETY

THIS IS TO CERTIFY THAT  
THE FOLLOWING PERSON  
HAS BEEN ISSUED A  
PERMIT TO DRIVE  
A MOTOR VEHICLE  
IN THE STATE OF CALIFORNIA  
ON THE DATE HEREIN  
SPECIFIED.

COPIES





524  
1 0946BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0946

Registered No. \_\_\_\_\_

|  |                           |  |                                   |   |                              |
|--|---------------------------|--|-----------------------------------|---|------------------------------|
| BIRTH NO.  |                           | 1. NAME OF DECEASED<br>(Type or Print) ROSE SMIGLEWSKI   |                                   | 2. DATE OF DEATH January 29, 1951   |                              |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland  |                           | 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)<br>A. STATE Maryland B. COUNTY |                                   |   |                              |
| B. FULL NAME OF HOSPITAL OR INSTITUTION<br>Baltimore City Hospital   |                           | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br>Baltimore 1-03                       |                                   |   |                              |
| D. STREET ADDRESS (If rural, give location)<br>722 S. Milton Avenue  |                           | E. LENGTH OF STAY IN BALTIMORE<br>Yrs. Mos. Days   |                                   |   |                              |
| 5. SEX<br>Female   | 6. COLOR OR RACE<br>White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br>Widow   | 8. DATE OF BIRTH<br>Aug. 17, 1882 | 9. AGE (In years last birthday)<br>68 67  | 10. UNDER 1 Year Months Days |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Shucker   |                           | 10B. KIND OF BUSINESS OR INDUSTRY<br>Heubert Chas & Co.  |                                   | 11. BIRTHPLACE (State or foreign country)<br>Poland   |                              |
| 13. FATHER'S NAME<br>Walenty Pilachowski   |                           | 14. MOTHER'S MAIDEN NAME<br>Jozefa Buczkowski  |                                   |   |                              |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)  |                           | 16. SOCIAL SECURITY NO.<br>216-05-4874   |                                   | 17. INFORMANT ADDRESS<br>Martha Christofferson, 135 N. Potomac St.  |                              |
| 18. CAUSE OF DEATH<br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br>Arteriosclerotic cardiovascular disease<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br>Antecedent Causes<br>Uremia<br>Fracture of pelvis<br>Multiple subcutaneous hematomas<br>II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. |                           |  |                                   | INTERVAL BETWEEN ONSET AND DEATH  |                              |
| 19A. DATE OF OPERATION   |                           | 19B. MAJOR FINDINGS OF OPERATION   |                                   | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>                         |                              |
| 21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.  |                           | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)<br>Street                  |                                   | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)<br>Foster and Lakewood Streets 1/3 |                              |
| 21D. TIME (Month) (Day) (Year) (Hour)<br>Jan. 12, 1951 7:45 P.m.   |                           | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> |                                   | 21F. HOW DID INJURY OCCUR?<br>Pedestrian struck by auto   |                              |
| 22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> accident <input checked="" type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .   |                           |  |                                   |   |                              |
| 23A. SIGNATURE<br>William V. Smith   |                           | 23B. CHIEF MEDICAL EXAMINER<br>M.D. MEDICAL INVESTIGATOR   |                                   | 23C. DATE SIGNED<br>Jan. 30, 1951   |                              |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial  |                           | 24B. DATE<br>Feb 3-1951  |                                   | 24C. NAME OF CEMETERY OR CREMATORY<br>St Stanislaus   |                              |
| 24D. LOCATION (City, town, or county)<br>Baltimore md.   |                           | 24E. FUNERAL DIRECTOR<br>George R. Weber   |                                   | 24F. ADDRESS  |                              |
| DATE RECEIVED BY LOCAL REGISTRAR<br>JAN 31 1951  |                           | REGISTRAR'S SIGNATURE<br>William V. Smith  |                                   | 25. FUNERAL DIRECTOR ADDRESS  |                              |

MEDICAL CERTIFICATION

N-808.2

69042

0045

170c



DEPARTMENT OF HEALTH GOVERNMENT  
CERTIFICATE OF DEATH

|                            |  |                            |  |                           |  |
|----------------------------|--|----------------------------|--|---------------------------|--|
| 1. Name of deceased        |  | 2. Sex                     |  | 3. Age                    |  |
| 4. Date of death           |  | 5. Time of death           |  | 6. Place of death         |  |
| 7. Cause of death          |  | 8. Manner of death         |  | 9. Signature of physician |  |
| 10. Signature of registrar |  | 11. Signature of informant |  | 12. Signature of witness  |  |
| 13. Signature of coroner   |  | 14. Signature of jury      |  | 15. Signature of jury     |  |
| 16. Signature of jury      |  | 17. Signature of jury      |  | 18. Signature of jury     |  |
| 19. Signature of jury      |  | 20. Signature of jury      |  | 21. Signature of jury     |  |
| 22. Signature of jury      |  | 23. Signature of jury      |  | 24. Signature of jury     |  |
| 25. Signature of jury      |  | 26. Signature of jury      |  | 27. Signature of jury     |  |
| 28. Signature of jury      |  | 29. Signature of jury      |  | 30. Signature of jury     |  |
| 31. Signature of jury      |  | 32. Signature of jury      |  | 33. Signature of jury     |  |
| 34. Signature of jury      |  | 35. Signature of jury      |  | 36. Signature of jury     |  |
| 37. Signature of jury      |  | 38. Signature of jury      |  | 39. Signature of jury     |  |
| 40. Signature of jury      |  | 41. Signature of jury      |  | 42. Signature of jury     |  |
| 43. Signature of jury      |  | 44. Signature of jury      |  | 45. Signature of jury     |  |
| 46. Signature of jury      |  | 47. Signature of jury      |  | 48. Signature of jury     |  |
| 49. Signature of jury      |  | 50. Signature of jury      |  | 51. Signature of jury     |  |
| 52. Signature of jury      |  | 53. Signature of jury      |  | 54. Signature of jury     |  |
| 55. Signature of jury      |  | 56. Signature of jury      |  | 57. Signature of jury     |  |
| 58. Signature of jury      |  | 59. Signature of jury      |  | 60. Signature of jury     |  |
| 61. Signature of jury      |  | 62. Signature of jury      |  | 63. Signature of jury     |  |
| 64. Signature of jury      |  | 65. Signature of jury      |  | 66. Signature of jury     |  |
| 67. Signature of jury      |  | 68. Signature of jury      |  | 69. Signature of jury     |  |
| 70. Signature of jury      |  | 71. Signature of jury      |  | 72. Signature of jury     |  |
| 73. Signature of jury      |  | 74. Signature of jury      |  | 75. Signature of jury     |  |
| 76. Signature of jury      |  | 77. Signature of jury      |  | 78. Signature of jury     |  |
| 79. Signature of jury      |  | 80. Signature of jury      |  | 81. Signature of jury     |  |
| 82. Signature of jury      |  | 83. Signature of jury      |  | 84. Signature of jury     |  |
| 85. Signature of jury      |  | 86. Signature of jury      |  | 87. Signature of jury     |  |
| 88. Signature of jury      |  | 89. Signature of jury      |  | 90. Signature of jury     |  |
| 91. Signature of jury      |  | 92. Signature of jury      |  | 93. Signature of jury     |  |
| 94. Signature of jury      |  | 95. Signature of jury      |  | 96. Signature of jury     |  |
| 97. Signature of jury      |  | 98. Signature of jury      |  | 99. Signature of jury     |  |
| 100. Signature of jury     |  | 101. Signature of jury     |  | 102. Signature of jury    |  |

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

51 0947

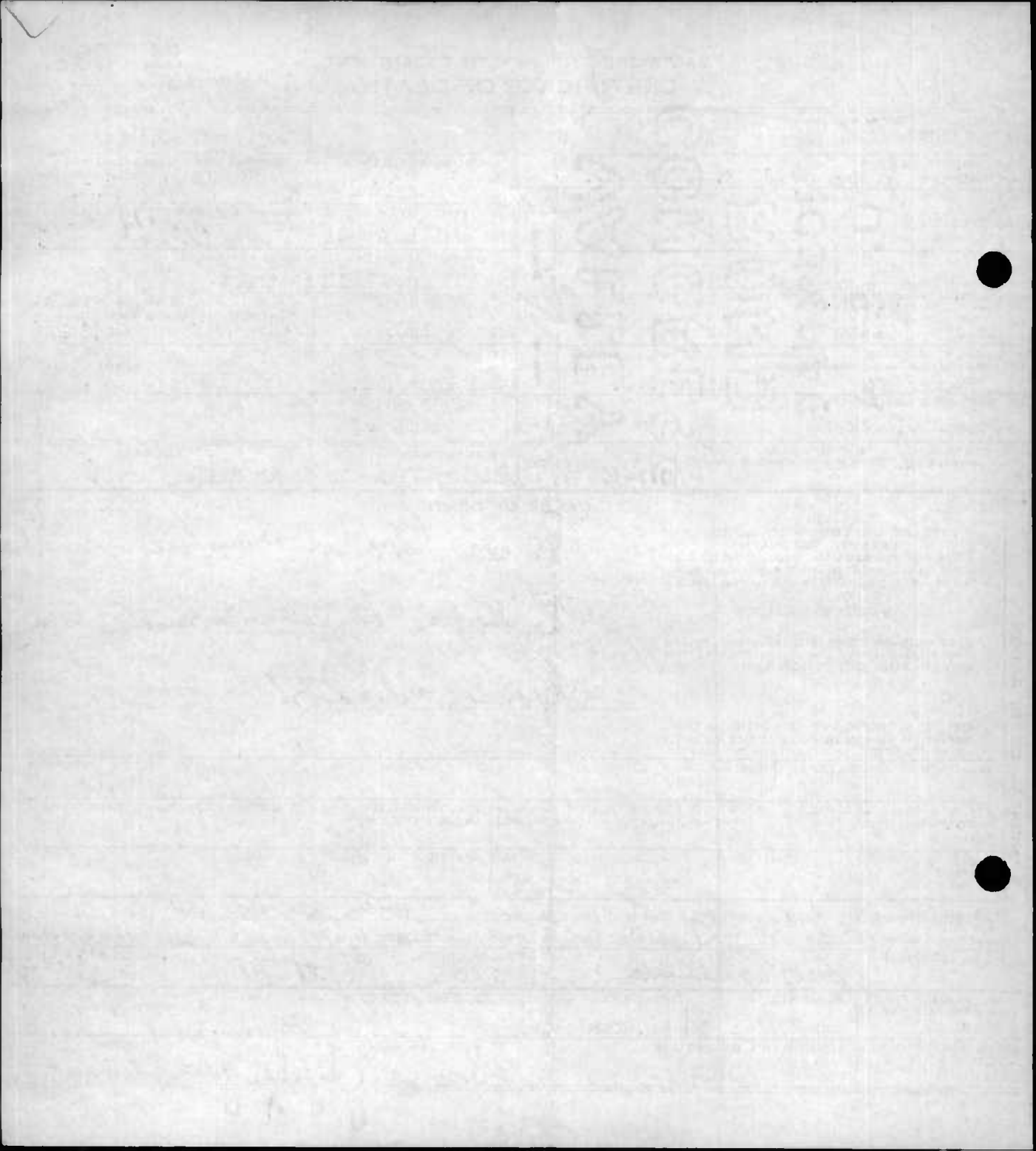
Registered No. \_\_\_\_\_

200  
51 0947

|   |                                  |  |  |
|---|----------------------------------|--|--|
| 1. NAME OF DECEASED<br>(Type or Print) <b>Mary Pika</b>   |                                  | 2. DATE OF DEATH<br><b>Jan 30, 1951</b>  |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland <b>418 S. Dallas St.</b>  |                                  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>Maryland</b><br>B. COUNTY _____ |  |
| B. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>Home</b>  |                                  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore 31</b>                                  |  |
| C. Length of stay in Baltimore <b>Life</b>  |                                  | D. STREET ADDRESS (If rural, give location)<br><b>418 South Dallas Street</b>  |  |
| 5. SEX<br><b>Female</b>   | 6. COLOR OR RACE<br><b>White</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b>  | 8. DATE OF BIRTH<br><b>Aug 5, 1905</b> |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Packer</b>  |                                  | 10B. KIND OF BUSINESS OR INDUSTRY<br><b>Panzer Geo.</b>  |  |
| 13. FATHER'S NAME<br><b>Joseph Glodek</b>   |                                  | 14. MOTHER'S MAIDEN NAME<br><b>Madeline Saj</b>  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)<br><b>No</b>  |                                  | 16. SOCIAL SECURITY NO.<br><b>312-16-4137</b>  |  |
| 17. INFORMANT<br><b>Anthony Pika</b>  |                                  | ADDRESS<br><b>418 South Dallas Street</b>  |  |
| 18. <b>421.4</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Acute Coronary Thrombosis</b><br>DUE TO<br><b>Chronic Endocarditis</b><br>DUE TO<br><b>Chronic Endocarditis</b> |                                  | INTERVAL BETWEEN ONSET AND DEATH<br><b>acute</b><br><b>6 mos</b><br><b>?</b>   |  |
| 19A. DATE OF OPERATION  |                                  | 19B. MAJOR FINDINGS OF OPERATION   |  |
| 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>  |                                  |  |  |
| 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)  |                                  | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)  |  |
| 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)  |                                  | 21D. TIME (Month) (Day) (Year) (Hour) INJURY   |  |
| 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |                                  | 21F. HOW DID INJURY OCCUR?   |  |
| 22. I hereby certify that I attended the deceased from <b>June 1, 1945</b> , to <b>Jan. 30, 1951</b> , that I last saw the deceased alive on <b>Jan. 29, 1951</b> , and that death occurred at <b>1245 Am.</b> , from the causes and on the date stated above.  |                                  |  |  |
| 23A. SIGNATURE<br><b>Wm. Glodek</b>   |                                  | 23B. ADDRESS<br><b>7005 S. Pitt St</b>   |  |
| 23C. DATE SIGNED<br><b>1/30/51</b>  |                                  |  |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |                                  | 24B. DATE<br><b>Feb 2, 1951</b>  |  |
| 24C. NAME OF CEMETERY<br><b>St. Stanislaus</b>  |                                  | 24D. LOCATION (City, town, or county) (State)<br><b>Baltimore, Md.</b>   |  |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>JAN 31 1951</b>  |                                  | 25. FUNERAL DIRECTOR<br><b>George A. Weher</b>   |  |
| REGISTRAR'S SIGNATURE<br><b>Wm. Glodek</b>  |                                  | ADDRESS<br><b>7005 S. Pitt St</b>  |  |

MEDICAL CERTIFICATION

69963 000016 927



452  
1 0948

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 0948

|  |                                  |  |                                      |   |   |
|--|----------------------------------|--|--------------------------------------|---|---|
| BIRTH NO.  |                                  | 1. NAME OF DECEASED<br>(Type or Print) <u>Anna Kleinschmidt</u>  |                                      | 2. DATE OF DEATH <u>Jan. 27/51</u>  |   |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland 4703 Hampnett Ave.   |                                  | 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)<br>A. STATE <u>Elk Road.</u> B. COUNTY <u>Balto.</u> |                                      |   |   |
| B. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>Pineridge Nursing Home</u>   |                                  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><u>Middelborough Md. 5300</u>                              |                                      |   |   |
| C. Length of stay in Baltimore<br><u>Life</u>  |                                  | D. STREET ADDRESS (If rural, give location)<br><u>Elk Road Middelborough Md. 14</u>  |                                      |   |   |
| 5. SEX<br><u>Female</u>  | 6. COLOR OR RACE<br><u>White</u> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Widow</u>  | 8. DATE OF BIRTH<br><u>Oct. 1885</u> | 9. AGE (In years last birthday)<br><u>65</u>  | If Under 1 Year Months: Days<br>If Under 24 Hours Hours: Min. |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>none</u>   |                                  | 10B. KIND OF BUSINESS OR INDUSTRY<br><u>none</u>   |                                      | 11. BIRTHPLACE (State or foreign country)<br><u>Baltimore Md.</u>                   |   |
| 13. FATHER'S NAME<br><u>---</u>  |                                  | 12. CITIZEN OF WHAT COUNTRY?<br><u>---</u>   |                                      |   |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)<br><u>no</u>   |                                  | 16. SOCIAL SECURITY NO.<br><u>none</u>   |                                      | 17. INFORMANT ADDRESS<br><u>James Kleinschmidt Elk Rd. Middelborough</u>            |   |
| 18. CAUSE OF DEATH<br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><u>Cornary occlusion</u><br>DUE TO<br>ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><u>Essential hypertension</u><br><u>Generalized arteriosclerosis</u><br>II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.<br><u>Uremia</u><br>INTERVAL BETWEEN ONSET AND DEATH<br><u>1 1/2 hr.</u><br><u>2.</u> |                                  |  |                                      |   |   |
| 19A. DATE OF OPERATION<br><u>0</u>   |                                  | 19B. MAJOR FINDINGS OF OPERATION   |                                      | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |   |
| 21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH  |                                  | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)  |                                      | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)            |   |
| 21D. TIME (Month) (Day) (Year) (Hour) INJURY   |                                  | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                                  |                                      | 21F. HOW DID INJURY OCCUR?  |   |
| 22. I hereby certify that I attended the deceased from <u>Dec 1951</u> , to <u>Jan 27, 1951</u> , that I last saw the deceased alive on <u>Jan 21, 1951</u> and that death occurred at <u>8:05 Pm.</u> , from the causes and on the date stated above.   |                                  |  |                                      |   |   |
| 23A. SIGNATURE<br><u>Conrad H. Richter</u>   |                                  | 23B. ADDRESS<br><u>1706 N Washington St</u>  |                                      | 23C. DATE SIGNED<br><u>1/29/51</u>  |   |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   |                                  | 24B. DATE<br><u>Jan. 31/51</u>   |                                      | 24C. NAME OF CEMETERY OR CREMATORY<br><u>Mt Carmel Cem</u>                          |   |
| 24D. LOCATION (City, town, or county) (State)<br><u>Balto. Md.</u>   |                                  | 24E. FUNERAL DIRECTOR<br><u>Philip's Hearing</u>   |                                      | 24F. ADDRESS<br><u>2024 Orleans St.</u>   |   |
| DATE RECEIVED BY LOCAL REGISTRAR<br><u>JAN 31 1951</u>   |                                  | REGISTRAR'S SIGNATURE<br><u>Thurston Williams, Jr.</u>   |                                      | VS 150<br><u>9510000917 94a</u>   |   |

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51 0949

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0949  
Registered No.

BIRTH NO.

|  |                                  |   |   |  |                               |
|--|----------------------------------|---|---|--|-------------------------------|
| 1. NAME OF DECEASED<br>(Type or Print) <i>Arthur Martin Franck</i>   |                                  |   | 2. DATE OF DEATH<br><i>Jan. 31, 1951</i>  |  |                               |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland  |                                  |   | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <i>Maryland</i><br>B. COUNTY <i>Baltimore</i> |  |                               |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)<br><i>16 E. Fort Ave.</i>                 |                                  |   | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><i>Baltimore 23-0</i>   |  |                               |
| D. STREET ADDRESS (If rural, give location)<br><i>16 E. Fort Ave.</i>  |                                  |   | E. LENGTH OF STAY IN BALTIMORE<br><i>26</i> Yrs. <del>Most</del> Days   |  |                               |
| 5. SEX<br><i>Male</i>  | 6. COLOR OR RACE<br><i>White</i> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><i>Married</i> | 8. DATE OF BIRTH<br><i>Nov. 19, 1896</i>  | 9. AGE (In years last birthday)<br><i>54</i> | 10. UNDER 1 Year Months: Days |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><i>Machinist</i>                |                                  |   | 10B. KIND OF BUSINESS OR INDUSTRY<br><i>Md. Drydock</i>   |  |                               |
| 11. BIRTHPLACE (State or foreign country)<br><i>Wisconsin</i>  |                                  |   | 12. CITIZEN OF WHAT COUNTRY?<br><i>U. S. A.</i>   |  |                               |
| 13. FATHER'S NAME<br><i>Franck</i>   |                                  |   | 14. MOTHER'S MAIDEN NAME<br><i>don't know</i>   |  |                               |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)<br><i>yes W. W. I</i> |                                  |   | 16. SOCIAL SECURITY NO.   |  |                               |
| 17. INFORMANT<br><i>Mrs. Nora K. Franck</i>  |                                  |   | ADDRESS<br><i>16 E. Fort Ave.</i>   |  |                               |

|  |  |   |   |
|--|--|---|---|
| 18. 199.1<br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><i>Bariumium of it should be Lung</i> |  | CAUSE OF DEATH<br>(A) <i>Bariumium of it should be Lung</i><br>DUE TO | INTERVAL BETWEEN ONSET AND DEATH<br><i>7 m.</i> |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br>(B)<br>DUE TO  |  | (C)<br>DUE TO   |   |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.  |  |   |   |

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| 19A. DATE OF OPERATION<br><i>none</i>  |  | 19B. MAJOR FINDINGS OF OPERATION  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>   |  | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                  |  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)            |  |
| 21D. TIME (Month) (Day) (Year) (Hour) INJURY   |  | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21F. HOW DID INJURY OCCUR?  |  |
| 22. I hereby certify that I attended the deceased from <i>Jan 20</i> , 1951, to <i>1/31</i> , 1951, that I last saw the deceased alive on <i>1/31</i> , 1951, and that death occurred at <i>4:25 A. m.</i> , from the causes and on the date stated above. |  |   |  |   |  |
| 23A. SIGNATURE<br><i>C. B. Williams M.D.</i>   |  | 23B. ADDRESS<br><i>1279 Millham St.</i>   |  | 23C. DATE SIGNED<br><i>1/31/51</i>  |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><i>Burial</i>   |  | 24B. DATE<br><i>Feb. 2, 1951</i>  |  | 24C. NAME OF CEMETERY OR CREMATORY<br><i>Bald National Cem.</i>                     |  |
| 24D. LOCATION (City, town, or county)<br><i>Bald City</i>  |  | 24E. STATE<br><i>Md.</i>  |  | 24F. DATE RECEIVED BY LOCAL REGISTRAR<br><i>JAN 31 1951</i>                         |  |
| 24G. REGISTRAR'S SIGNATURE<br><i>Washington Williams, M.D.</i>   |  | 24H. FUNERAL DIRECTOR<br><i>A. Edward Evans</i>   |  | 24I. ADDRESS<br><i>1400 S. Charles St.</i>  |  |

195 564-30 0949 47D

*[Faint, illegible handwriting throughout the page]*



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

51 0950  
Registered No. ....

**1. PLACE OF DEATH:**

(a) Baltimore City, Maryland  
(b) Street address Caroline & Oliver sts.  
Hospital or institution: St. Joseph's Hosp.  
(c) Length of stay in hospital or inst. (yrs., mos., or days) Life  
(d) Length of stay in Baltimore (yrs., mos., or days) Life

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Ind (b) County Balts.  
(c) City or town Balts. City (If outside city or town limits, write RURAL and give town)  
(d) Street No. 1631 N. Bay St. (If rural give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country .....

**3 (a) FULL NAME**

Henry Strohecker  
3 (b) If veteran, name war 1 3 (c) Social Security Account No. 422.1

4. Sex Male 5. Color or race White 6 (a) Single, married, widowed, or divorced Divorced

6 (b) Name of husband or wife Carrie Strohecker  
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 27-1881

8. AGE: Years 70 Months 7 Days 1 If less than one day hr. 1 min. 1

9. Birthplace Balts. Ind.  
(Town, county, and state)

10. Usual Occupation Utility Eng.

11. Industry or business Brewery

FATHER 12. Name ?

13. Birthplace ?

MOTHER 14. Maiden Name ?

15. Birthplace ?

(a) Informant Henry J. Strohecker

(b) Address 900 Wildwood Pkwy.

17 (a) Burial (b) Date thereof 2/1/1951  
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Holy Cross

Location St. G. C. Ind.

18 (a) Funeral director Flynn & Fleming

(b) Address 14th Light St.

19 JAN 31 1951 (a) (b) 04646  
(Date rec'd by registrar) Registrar

**MEDICAL CERTIFICATION**

20. DATE OF DEATH 30 January 19 51 at 3 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 6 Sept 1946 to 30 Jan 1951 and that I last saw him alive on 5 Jan 1951

Immediate cause of death Extracerebral hemorrhage

Due to Atherosclerosis 3 yrs

Due to ?

Other Conditions Atherosclerosis, Cardiac Vascular 3 yrs

(Include pregnancy within 3 months of death)

Date of operation .....

Major findings of operation: .....

of autopsy: .....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur? .....

(d) Did injury occur about home, on farm, industrial place, in public place? .....

(Specify type of place) While at work? .....

(e) Means of injury 93

23. Signature Howard J. ... M. D. 93  
Address 1515 N. M. 1 Km. Ch Date signed 30 Jan 51

**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

correct age is especially important. Physicians are especially important. Please write the causes of death clearly and legibly.

66 Fill in 150 Report collapsed in street & was DOA at hospital. The funeral director indicated the medical examiner

## INSTRUCTIONS FOR MEDICAL CERTIFICATION

### WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

### DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

### DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words *due to* and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE

cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

### DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

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For additional discussion of this subject see **PHYSICIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION** issued by the U. S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

51 0951

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

**MAUDE M. BROWN**

2. DATE OF DEATH **January 29, 1951**

3. PLACE OF DEATH:

A. Baltimore City, Maryland **1140 Forrest St.**

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE **Md.** B. COUNTY \_\_\_\_\_

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
**Baltimore** **10-01**

D. STREET ADDRESS (If rural, give location)  
**1140 Forrest St.**

C. Length of stay in Baltimore

**Life**

Yrs.  
Mos.  
Days

5. SEX

**Female**

6. COLOR OR RACE

**White**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

**Widowed**

8. DATE OF BIRTH

**March 28, 1875**

9. AGE (in years last birthday)

**75**

If Under 1 Year Months: Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Retired**

10B. KIND OF BUSINESS OR INDUSTRY

**House Work**

11. BIRTHPLACE (State or foreign country)

**Baltimore, Md.**

12. CITIZEN OF WHAT COUNTRY?

**U.S.A.**

13. FATHER'S NAME

**Joshua Brown**

14. MOTHER'S MAIDEN NAME

**Sarah F. Mears**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

**No**

(If yes, give war or dates of service)

**No**

16. SOCIAL SECURITY NO.  
**None**

17. INFORMANT

ADDRESS

**Mrs. Raymond Fink 2827 Chesterfield Ave.**

18. **4-2-1**

**CAUSE OF DEATH**

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

**Arteriosclerotic Cardio-vascular Disease**

INTERVAL BETWEEN ONSET AND DEATH

**5 yrs.**

**ANTECEDENT CAUSES**

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO  
(C) DUE TO

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

**Paget's Disease of Bone, Generalized with Pathological Fracture, Right Tibia**

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **May 1944**, to **Jan. 29, 1951**, that I last saw the deceased alive on **Jan. 29, 1951**, and that death occurred at **4:45 A.M.** from the causes and on the date stated above.

23A. SIGNATURE

M. O.

23B. ADDRESS

23C. DATE SIGNED

**Wm. H. Kammer, Jr.**

**501 Sheridan Ave.**

**Jan. 30, 1951**

24A. BURIAL, CREMATION, REMOVAL (Specify)

**Burial**

24B. DATE

**Feb. 1, 1951**

24C. NAME OF CEMETERY OR CREMATORY

**Greenmount Cemetery**

24D. LOCATION (City, town, or county) (State)

**Greenmount Ave. and Oliver St.**

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

**JAN 31 1951**

**Huntington Williams, Jr.**

**Charles J. Zeiler 901 S Conkling St.**

VS 150

**937**

F E L O O O 0 2 5 0

MEDICAL CERTIFICATION

E from 5313 York Rd.

DR KAMMER  
501 Sheridan Ave

150  
51 0952BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 0952

|   |                           |   |                                  |  |   |
|---|---------------------------|---|----------------------------------|--|---|
| BIRTH NO.   |                           | 1. NAME OF DECEASED<br>(Type or Print)<br>Charles D. Skippon.   |                                  | 2. DATE OF DEATH<br>Jan 30, 1951   |   |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland   |                           | 4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)<br>A. STATE Maryland<br>B. COUNTY Baltimore |                                  |  |   |
| B. FULL NAME OF HOSPITAL OR INSTITUTION<br>4512 Wilmslow Road   |                           | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br>Baltimore   |                                  |  |   |
| c. Length of stay in Baltimore  |                           | D. STREET ADDRESS (If rural, give location)<br>4512 Wilmslow Road   |                                  |  |   |
| 5. SEX<br>Male  | 6. COLOR OR RACE<br>White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br>Married  | 8. DATE OF BIRTH<br>Jan 14, 1888 | 9. AGE (In years, last birthday)<br>63                                   | 10. Under 1 Year<br>Months: Days: Hours: Min. |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Veterinarian   |                           | 10B. KIND OF BUSINESS OR INDUSTRY<br>Balto City Health  |                                  | 11. BIRTHPLACE (State or foreign country)<br>Wash. D.C.                  |   |
| 12. CITIZEN OF WHAT COUNTRY?<br>U.S.  |                           | 13. FATHER'S NAME<br>Harry Skippon  |                                  |  |   |
| 14. MOTHER'S MAIDEN NAME<br>Unknown   |                           | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)                           |                                  |  |   |
| 16. SOCIAL SECURITY NO.   |                           | 17. INFORMANT<br>Bertha F. Skippon 4512 Wilmslow Rd.  |                                  |  |   |
| 18. 443X I<br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br>CAUSE OF DEATH<br>Cerebral Hemorrhage<br>Hypertensive CVD.<br>INTERVAL BETWEEN ONSET AND DEATH<br>Jan 14, 1951<br>? |                           | 19. DATE OF OPERATION<br>0  |                                  |  |   |
| 19A. DATE OF OPERATION<br>0   |                           | 19B. MAJOR FINDINGS OF OPERATION  |                                  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |   |
| 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)  |                           | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |                                  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) |   |
| 21D. TIME (Month) (Day) (Year) (Hour)<br>INJURY   |                           | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                         |                                  | 21F. HOW DID INJURY OCCUR?   |   |
| 22. I hereby certify that I attended the deceased from Jan 18, 1951 to 1-30, 1951, that I last saw the deceased alive on 1-29, 1951 and that death occurred at 3:30 p.m., from the causes and on the date stated above.   |                           |   |                                  |  |   |
| 23A. SIGNATURE<br>Lawrence J. Humann  |                           | 23B. ADDRESS<br>3711 Fall Rd.   |                                  | 23C. DATE SIGNED<br>1-30-51  |   |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial   |                           | 24B. DATE<br>Feb 2/51   |                                  | 24C. NAME OF CEMETERY OR CREMATORY<br>Pine Grove                         |   |
| 24D. LOCATION (City, town, or county) (State)<br>Balto Co., Md.   |                           | 24E. FUNERAL DIRECTOR<br>Austin E. Donovan  |                                  | 24F. ADDRESS<br>3818 Roland  |   |
| DATE RECEIVED BY LOCAL REGISTRAR<br>JAN 31 1951   |                           | REGISTRAR'S SIGNATURE<br>Huntington Williams  |                                  | 25. FUNERAL DIRECTOR<br>Austin E. Donovan                                |   |

1 2 5 9 4 0 9 3 0 0 9 5 1

93 D





620

51 0953

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 0953

|  |                                  |   |   |
|--|----------------------------------|---|---|
| 1. NAME OF DECEASED<br>(Type or Print)<br><b>Irvin F. Price.</b>   |                                  | 2. DATE OF DEATH<br><b>Jan 30, 1951</b>   |   |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland  |                                  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>Maryland</b><br>B. COUNTY <b>Baltimore</b> |   |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)<br><b>2148 Druid Park Drive.</b>  |                                  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore</b>  |   |
| c. Length of stay in Baltimore<br>Yrs. Mos. Days   |                                  | D. STREET ADDRESS (If rural, give location)<br><b>2148 Druid Park Drive.</b>  |   |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Widower</b>   | 8. DATE OF BIRTH<br><b>Oct 11, 1869</b> |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Retired Watchman</b> |                                  | 10B. KIND OF BUSINESS OR INDUSTRY<br><b>Hooper's Mills</b>  |   |
| 13. FATHER'S NAME<br><b>Unknown.</b>   |                                  | 11. BIRTHPLACE (State or foreign country)<br><b>Penna.</b>  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)               |                                  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.</b>   |   |
| 16. SOCIAL SECURITY NO.  |                                  | 14. MOTHER'S MAIDEN NAME<br><b>Unknown.</b>   |   |
| 17. INFORMANT<br><b>Mrs. Delia M. Zaldivar</b>   |                                  | ADDRESS <b>Druid PK Drive</b>   |   |

|  |  |  |  |  |
|--|--|--|--|--|
| 18. 331X I<br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Cerebral Hemorrhage</b><br>DUE TO<br>ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><b>Arterio sclerosis</b><br>DUE TO<br>II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. |  | CAUSE OF DEATH<br><b>Cerebral Hemorrhage</b><br><b>Arterio sclerosis</b> |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>12 hrs</b><br><b>20 yrs</b> |
|--|--|--|--|--|

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 19A. DATE OF OPERATION<br><b>0</b>  |  | 19B. MAJOR FINDINGS OF OPERATION  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)  |  | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)                 |  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)            |  |
| 21D. TIME (Month) (Day) (Year) (Hour) INJURY  |  | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21F. HOW DID INJURY OCCUR?  |  |
| 22. I hereby certify that I attended the deceased from <b>Jan 15, 1951</b> to <b>Jan 30, 1951</b> , that I last saw the deceased alive on <b>Jan 30, 1951</b> , and that death occurred at <b>1 P. m.</b> , from the causes and on the date stated above. |  |   |  |   |  |
| 23A. SIGNATURE<br><b>Arthur J. Davis</b>  |  | 23B. ADDRESS<br><b>800 W 33rd St</b>  |  | 23C. DATE SIGNED<br><b>1-31-51</b>  |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |  | 24B. DATE<br><b>Feb 2/51</b>  |  | 24C. NAME OF CEMETERY OR CREMATORY<br><b>Mt. Olive</b>                              |  |
| 24D. LOCATION (City, town, or county) (State)<br><b>Randallstown, Md.</b>   |  | DATE RECEIVED BY LOCAL REGISTRAR<br><b>IAN 31 1951</b>  |  | REGISTRAR'S SIGNATURE<br><b>Winston Williams</b>                                    |  |
| VS 150  |  | 25. FUNERAL DIRECTOR<br><b>Austin E. Donovan</b>  |  | ADDRESS<br><b>-3818 Roland Ave</b>  |  |

9510000052 83a





51 0954

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0954

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Henry Thompson 556010

2. DATE OF DEATH JAN 27 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN.

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

Baltimore 10-02  
927 N. Eden St.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Yrs.  
Mos.  
Days

male negro

S.

8. DATE OF BIRTH

3-29-01

9. AGE (In years last birthday)

49

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Benj. Thompson

14. MOTHER'S MAIDEN NAME

Minnie Halloway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral metastases

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Benedictine Cereum

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Atherosclerosis of the heart due to atherosclerosis

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 12-6-1950 to 1-27-1951, that I last saw the deceased alive on 1-27-1951, and that death occurred at 3:49 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Thomas J. Walsh M.D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

1-27-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 31 1951

Huntington Williams, M.D.

Mrs. W. A. Elliott, Dgt

VS 150

87099

112977. Curlew

47c

MEDICAL CERTIFICATION

Charles Anderson  
F. W. Anderson

Anderson, F. W.

James J. Anderson

650  
51 0955

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0955  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Nellie Virginia GREEN

2. DATE  
OF  
DEATH

Jan. 30. 1951

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4515 GARRISON

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF

(If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

LA HAVEN NURSING HOME

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

5210 BEAUFORT AVE

Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

FEMALE WHITE

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

August 21, 1880

9. AGE (In years

last birthday)

70

If Under 1 Year  
Months: Days

If Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

HOUSEWORK

10B. KIND OF BUSINESS OR  
INDUSTRY

Domestic

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF  
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

John H. GREEN

14. MOTHER'S MAIDEN NAME

ELIZA BARRETT

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

NONE

16. SOCIAL  
SECURITY NO.

NONE

17. INFORMANT

ADDRESS

CHARLES GREEN 350 S. SMALLWOOD ST.

18. 592X I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Ch. myocarditis

1945

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Ch. Interstitial Nephritis

1945

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT

NOT WHILE

m.

WORK ☐

AT WORK ☐

22. I hereby certify that I attended the deceased from June 15, 1949 to Jan 30, 1951 that I last saw the  
deceased alive on Jan 30, 1951, and that death occurred at 12:15 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

James Shaw

M. D.

3602 Liberty Hgts. E.

1-31-51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

BURIAL

2-2-51

London PARK

BALTIMORE, MD.

GEO. L. SCHWAB 2101 FREDERICK AVE.

JAN 31 1951

7200A 00054 131a



51 0956

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

|  |                           |   |   |  |   |
|--|---------------------------|---|---|--|---|
| 1. NAME OF DECEASED<br>(Type or Print) <b>MILDRED HARMON</b>   |                           |   | 2. DATE OF DEATH <b>1/30/51</b>   |  |   |
| 3. PLACE OF DEATH:<br>A. <b>Baltimore City, Maryland</b>   |                           |   | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>MARYLAND</b><br>B. COUNTY <b>17-02</b> |  |   |
| 5. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>555 DOLPHIN STREET</b>   |                           |   | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>BALTIMORE</b>  |  |   |
| 6. Length of stay in Baltimore <b>18yrs</b>  |                           |   | D. STREET ADDRESS (If rural, give location)<br><b>555 DOLPHIN STREET</b>  |  |   |
| 5. SEX <b>F</b>  | 6. COLOR OR RACE <b>C</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>WIDOWED</b> | 8. DATE OF BIRTH<br><b>9/15/1887</b>  |  | 9. AGE (In years last birthday) <b>63</b>     |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>DRESSMAKER</b> |                           | 10B. KIND OF BUSINESS OR INDUSTRY<br><b>SEWING</b>                | 11. BIRTHPLACE (State or foreign country)<br><b>FORK KAY, VA.</b>   |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b> |
| 13. FATHER'S NAME<br><b>WILLIAM BUMBAY</b>   |                           |   | 14. MOTHER'S MAIDEN NAME<br><b>ROBERTTA</b>   |  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)<br><b>No</b>                                    |                           | 16. SOCIAL SECURITY NO.<br><b>NONE</b>                            | 17. INFORMANT ADDRESS<br><b>JULIA PAIGE(S) 555 DOLPHIN ST.</b>  |  |   |

|  |  |   |
|--|--|---|
| 18. <b>4221</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)<br><b>Myocardial Degeneration</b> |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>3 Mo 3</b> |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><b>Generalized Arteriosclerosis</b>  |  | <b>6 Mo</b>                                       |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  |  |   |

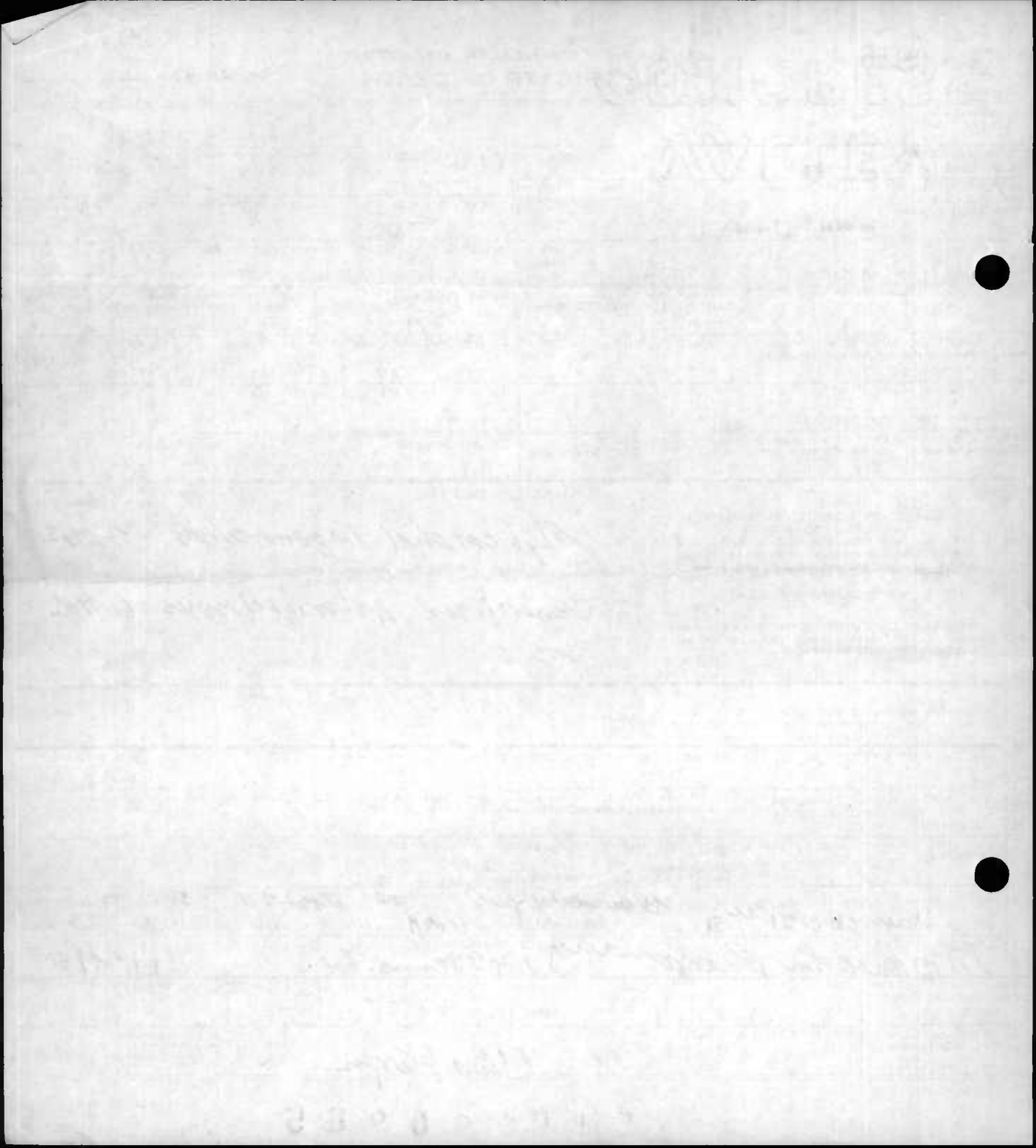
|   |  |   |  |  |  |
|---|--|---|--|--|--|
| 19A. DATE OF OPERATION <b>0</b>   |  | 19B. MAJOR FINDINGS OF OPERATION  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |  |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>  |  | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)                 |  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) |  |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY   |  | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21F. HOW DID INJURY OCCUR?   |  |
| 22. I hereby certify that I attended the deceased from <b>July 5</b> , 19 <b>50</b> , to <b>Jan. 30</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>Jan. 30</b> , 19 <b>51</b> , and that death occurred at <b>6:00 A</b> m., from the causes and on the date stated above. |  |   |  |  |  |
| 23A. SIGNATURE<br><b>Franklin Cullops</b>   |  | 23B. ADDRESS<br><b>M. D. 1543 Penna. Ave.</b>   |  | 23C. DATE SIGNED<br><b>1/31/51</b>                                       |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>BURIAL</b>  |  | 24B. DATE<br><b>2/1/51</b>  |  | 24C. NAME OF CEMETERY OR CREMATORY<br><b>HEARTS DELIGHT CEM.</b>         |  |
| 24D. LOCATION (City, town, or county) (State)<br><b>CADILLIS, VA.</b>   |  | 24E. FUNERAL DIRECTOR<br><b>Chas. Harp</b>  |  | 24F. ADDRESS<br><b>512 N. CARROLLTON AV</b>                              |  |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>FEB 1 - 1951</b>   |  | REGISTRAR'S SIGNATURE<br><b>Franklin Cullops</b>  |  | 25. FUNERAL DIRECTOR<br><b>Chas. Harp</b>                                |  |

VS 150

9549846 0955

937

MEDICAL CERTIFICATION





530  
51 0957BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 0957  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ELVIRA M. BOND

2. DATE  
OF  
DEATH

1/29/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

1517 DRUID HILL AVE

Yrs.  
Mos.  
Days

C. Length of stay in Baltimore

40 YEARS

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

11/3/1891

9. AGE (In years  
last birthday)

59

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

DIETITIAN

10B. KIND OF BUSINESS OR  
INDUSTRY

COOKING TEACHER

11. BIRTHPLACE (State or foreign country)

LOCH HAVEN, PA.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

EDWARD B. MOLSON

14. MOTHER'S MAIDEN NAME

ELIZABETH COFFIE

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

NO

NO

16. SOCIAL  
SECURITY NO.

NONE

17. INFORMANT

ADDRESS

ROY S. BOND(H) 1517 DRUID HILL AVE

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A)

Coronary Thrombosis

DUE TO

INTERVAL BETWEEN  
ONSET AND DEATH

4 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

Hypertensive Cardiac Disease

6 yrs.

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Hypertensive (arteriosclerotic type)

5-6 yrs

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 20, 1950 to Jan 29, 1951 that I last saw the  
deceased alive on Jan 29, 1951 and that death occurred at 6 A. m., from the causes and on the date stated above.

23A. SIGNATURE

Ralph G. Young M. D.

23B. ADDRESS

1429 Edmonstone St

23C. DATE SIGNED

1/31/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

BURIAL

24B. DATE

2/1/51

24C. NAME OF CEMETERY OR CREMATORY

MT. AUBURN CEMETERY

24D. LOCATION (City, town, or county)

BALTIMORE, MD.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Ralph G. Young

25. FUNERAL DIRECTOR

ADDRESS

Chas H. Horpke

512 N. CARROLLTON AVE

VS 150

MEDICAL CERTIFICATION

093AV  
0956

93D

AVTFA

7/5

12

100

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0958

Registered No.

BIRTH NO. 0958

|  |                                  |   |  |
|--|----------------------------------|---|--|
| 1. NAME OF DECEASED<br>(Type or Print) <b>ROSE YAFFE Yaffe</b>   |                                  | 2. DATE OF DEATH <b>1/30/51</b>   |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland  |                                  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>Maryland</b> B. COUNTY |  |
| B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Sinai Hospital</b>  |                                  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>                               |  |
| C. Length of stay in Baltimore <b>life</b>   |                                  | D. STREET ADDRESS (If rural, give location) <b>3847 Forest Park Ave</b>   |  |
| 5. SEX<br><b>Female</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b>   | 8. DATE OF BIRTH<br><b>April 30, 1897</b>                        |
|  |                                  | 9. AGE (In years last birthday)<br><b>53</b>  | 10. Under 1 Year<br>Months: Days                                 |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>House Wife</b> |                                  | 10B. KIND OF BUSINESS OR INDUSTRY<br><b>own home</b>  | 11. BIRTHPLACE (State or foreign country)<br><b>Baltimore Md</b> |
| 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>   |                                  | 13. FATHER'S NAME<br><b>Barnett Leibowitz</b>   |  |
| 14. MOTHER'S MAIDEN NAME   |                                  | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)                    |  |
| 16. SOCIAL SECURITY NO.  |                                  | 17. INFORMANT ADDRESS<br><b>Joseph G Yaffe 3847 Forest Park Ave</b>   |  |

|  |                                       |   |
|--|---------------------------------------|---|
| 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>UREMIA</b> | CAUSE OF DEATH<br><b>UREMIA</b>       | INTERVAL BETWEEN ONSET AND DEATH<br><b>18d.</b> |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><b>CARCINOMA OF BLADDER</b>  | DUE TO<br><b>CARCINOMA OF BLADDER</b> | <b>1y.</b>                                      |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  |                                       |   |

|   |   |  |
|---|---|--|
| 19A. DATE OF OPERATION<br><b>1/10/51</b>  | 19B. MAJOR FINDINGS OF OPERATION<br><b>EXTENSIVE CA OF BLADDER</b>  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>  | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)                 | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY   | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21F. HOW DID INJURY OCCUR?   |
| 22. I hereby certify that I attended the deceased from <b>1/3</b> <sup>1951</sup> to <b>1/30</b> <sup>1951</sup> , that I last saw the deceased alive on <b>1/30</b> <sup>1951</sup> , and that death occurred at <b>9:12</b> <sup>1951</sup> m., from the causes and on the date stated above. |   |  |
| 23A. SIGNATURE<br><b>Malcolm E Ruben</b>  | 23B. ADDRESS<br><b>Sinai Hospital</b>   | 23C. DATE SIGNED<br><b>1/30/51</b>                                       |

|  |  |   |  |
|--|--|---|--|
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> | 24B. DATE<br><b>Feb 1, 1951</b>                  | 24C. NAME OF CEMETERY OR CREMATORY<br><b>Hebrew Friendship Cemetery</b> | 24D. LOCATION (City, town, or county) (State)<br><b>Baltimore Md</b> |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>FEB 1 - 1951</b>    | REGISTRAR'S SIGNATURE<br><b>William Williams</b> | 25. FUNERAL DIRECTOR<br><b>Sol Levinson + Ben North ave</b>             | ADDRESS <b>1126 W</b>  |

1. The first part of the report is a general description of the project and its objectives. This section includes a brief history of the project and a statement of the problem being addressed. It also outlines the scope of the project and the methods that will be used to collect and analyze data.

2. The second part of the report is a detailed description of the data collection process. This section includes information about the sources of the data, the methods used to collect the data, and the steps taken to ensure the accuracy and reliability of the data.

3. The third part of the report is a description of the data analysis process. This section includes information about the statistical methods used to analyze the data, the results of the analysis, and the conclusions that were drawn from the analysis.

4. The fourth part of the report is a discussion of the results of the project. This section includes a summary of the findings, a discussion of the implications of the findings, and a conclusion about the project.

5. The fifth part of the report is a list of references. This section includes a list of all the sources of information that were used in the project, including books, articles, and other documents.

6. The sixth part of the report is a list of appendices. This section includes a list of all the additional information that was collected during the project, including raw data, intermediate results, and other documents.

7. The seventh part of the report is a list of figures. This section includes a list of all the figures that were created during the project, including graphs, tables, and other visual representations of the data.

8. The eighth part of the report is a list of tables. This section includes a list of all the tables that were created during the project, including tables of data, tables of results, and other tables of information.

9. The ninth part of the report is a list of other documents. This section includes a list of all the other documents that were created during the project, including reports, memos, and other documents.

10. The tenth part of the report is a list of other information. This section includes a list of all the other information that was collected during the project, including contact information, a list of acknowledgments, and other information.

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

51 0959  
Registered No.

|   |                               |   |  |  |   |
|---|-------------------------------|---|--|--|---|
| BIRTH NO. 0959  |                               | 1. NAME OF DECEASED<br>(Type or Print) <i>M. Abe Legum</i>  |  | 2. DATE OF DEATH <i>1-30-51</i>  |   |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland <i>6420 Reisterstown Road</i>   |                               | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <i>Maryland</i> B. COUNTY |  |  |   |
| B. FULL NAME OF HOSPITAL OR INSTITUTION <i>The Seton Institute</i>  |                               | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 15-38</i>                         |  |  |   |
| C. Length of stay in Baltimore <i>35 Yrs</i>  |                               | D. STREET ADDRESS (If rural, give location) <i>3006 N. Hilton St.</i>   |  |  |   |
| 5. SEX <i>M</i>   | 6. COLOR OR RACE <i>white</i> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>  | 8. DATE OF BIRTH <i>March 15, 1886</i> | 9. AGE (In years last birthday) <i>64</i>                                | 10. Under 1 Year Months: <i>10</i> Days: <i>15</i> Under 24 Hours Hours: Min. |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Auto Business Proprietor</i> |                               | 10B. KIND OF BUSINESS OR INDUSTRY   |  | 11. BIRTHPLACE (State or foreign country) <i>Norfolk, Virginia</i>       |   |
| 12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>  |                               | 13. FATHER'S NAME <i>A. M. Legum</i>  |  | 14. MOTHER'S MAIDEN NAME <i>Trose (unknown)</i>                          |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)   |                               | 16. SOCIAL SECURITY NO. <i>212-16-8703</i>  |  | 17. INFORMANT ADDRESS <i>The Seton Institute - 6420 Reisterstown Rd.</i> |   |

|   |  |  |  |
|---|--|--|--|
| 18. <i>420.1</i> CAUSE OF DEATH   |  | INTERVAL BETWEEN ONSET AND DEATH <i>1 hour</i> |  |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) |  | (A) <i>coronary occlusion</i>                  |  |
| DUE TO  |  |  |  |
| ANTECEDENT CAUSES   |  | (B) <i>coronary sclerosis</i>                  |  |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.   |  | DUE TO   |  |
| II  |  | (C)  |  |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   |  | <i>Psychosis - cardiovascular disease</i>      |  |

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| 19A. DATE OF OPERATION <i>0</i>  |  | 19B. MAJOR FINDINGS OF OPERATION   |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |  |
| 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) <i>-</i>                    |  | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <i>-</i>     |  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <i>-</i> |  |
| 21D. TIME (Month) (Day) (Year) (Hour) INJURY <i>1-30-51 9:15 P. M.</i> |  | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21F. HOW DID INJURY OCCUR?  |  |

22. I hereby certify that I attended the deceased from *1-30, 1951* to *1-30, 1951*, that I last saw the deceased alive on *1-30, 1951*, and that death occurred at *9:15 P. M.*, from the causes and on the date stated above.

|   |  |                                     |  |                                 |  |
|---|--|-------------------------------------|--|---------------------------------|--|
| 23A. SIGNATURE <i>Elliot C. Westman</i> M. O. |  | 23B. ADDRESS <i>Seton Institute</i> |  | 23C. DATE SIGNED <i>1-30-51</i> |  |
|---|--|-------------------------------------|--|---------------------------------|--|

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>           |  | 24B. DATE <i>Feb. 1, 1951</i>                        |  | 24C. NAME OF CEMETERY OR CREMATORY <i>Hebrew Friendship Cemetery Co</i> |  |
| 24D. LOCATION (City, town, or county) (State) <i>Baltimore Md</i> |  | DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 1 - 1951</i> |  | REGISTRAR'S SIGNATURE <i>William H. Williams, M.D.</i>                  |  |
| 25. FUNERAL DIRECTOR <i>Sol. Lewinman &amp; Bros W. Nathans</i>   |  | ADDRESS <i>1126</i>                                  |  |   |  |

29p 6J 0050

131a

MEDICAL CERTIFICATION

STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

WALTER

NAME OF DECEASED  
DATE OF DEATH

PLACE OF DEATH  
AGE AT DEATH

CAUSE OF DEATH  
MANNER OF DEATH

DATE OF BURIAL  
PLACE OF BURIAL

SIGNATURE OF REGISTRAR  
OFFICE OF VITAL STATISTICS

DATE OF ENTRY  
PLACE OF ENTRY

SIGNATURE OF REGISTRAR  
OFFICE OF VITAL STATISTICS

DATE OF ENTRY  
PLACE OF ENTRY

SIGNATURE OF REGISTRAR  
OFFICE OF VITAL STATISTICS

DATE OF ENTRY  
PLACE OF ENTRY



250

51 0960

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 0960  
Registered No.

|   |                                 |   |                            |
|---|---------------------------------|---|----------------------------|
| 1. NAME OF DECEASED<br>(Type or Print) <u>Annie Dixon</u>   |                                 | 2. DATE OF DEATH <u>Jan. 30, 1951</u>   |                            |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland   |                                 | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admision)<br>A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u> |                            |
| B. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>St. Joseph's Hospital</u>   |                                 | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><u>Cooksville, Maryland (Rural)</u>                         |                            |
| D. Length of stay in Baltimore <u>8</u> Yrs. Mos. Days  |                                 | E. STREET ADDRESS (If rural, give location)<br><u>Cooksville, Maryland 5300</u>   |                            |
| 5. SEX <u>Fe.</u>   | 6. COLOR OR RACE <u>Colored</u> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Divorced</u>  | 8. DATE OF BIRTH <u>44</u> |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Domestic Work</u>   |                                 | 10B. KIND OF BUSINESS OR INDUSTRY<br><u>Home</u>  |                            |
| 11. BIRTHPLACE (State or foreign country)<br><u>Maryland</u>  |                                 | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>   |                            |
| 13. FATHER'S NAME<br><u>Joseph Dixon</u>  |                                 | 14. MOTHER'S MAIDEN NAME<br><u>Mary Worthington</u>   |                            |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)<br><u>No</u>   |                                 | 16. SOCIAL SECURITY NO.<br><u>212-32-3457</u>   |                            |
| 17. INFORMANT<br><u>Milled Gauthier - Cooksville, Md.</u>   |                                 | ADDRESS   |                            |
| 18. 330X I<br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br>CAUSE OF DEATH<br>(A) <u>Subarachnoid hemorrhage, left hemisphere</u><br>DUE TO<br>(B) <u>Arteriosclerotic Brain Disease</u><br>DUE TO<br>(C) _____ |                                 | INTERVAL BETWEEN ONSET AND DEATH  |                            |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   |                                 |   |                            |
| 19A. DATE OF OPERATION <u>2</u>   |                                 | 19B. MAJOR FINDINGS OF OPERATION  |                            |
| 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>   |                                 |   |                            |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>  |                                 | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |                            |
| 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)  |                                 |   |                            |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY   |                                 | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                                      |                            |
| 21F. HOW DID INJURY OCCUR?  |                                 |   |                            |
| 22. I hereby certify that I attended the deceased from <u>1/22/</u> , 19 <u>51</u> to <u>1/30/</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>1/30/</u> , 19 <u>51</u> , and that death occurred at <u>2:15 PM.</u> , from the causes and on the date stated above.  |                                 |   |                            |
| 23A. SIGNATURE<br><u>B. B. B. B. B.</u>   |                                 | 23B. ADDRESS<br><u>1400 N. Caroline Street</u>  |                            |
| 23C. DATE SIGNED<br><u>1/30/51</u>  |                                 |   |                            |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  |                                 | 24B. DATE<br><u>2-2-51</u>  |                            |
| 24C. NAME OF CEMETERY OR CREMATORY<br><u>Bushy Park</u>   |                                 | 24D. LOCATION (City, town, or county) (State)<br><u>Cooksville, Md.</u>   |                            |
| 25. FUNERAL DIRECTOR<br><u>W. H. W. W. W.</u>   |                                 | ADDRESS<br><u>C. H. W. W. W.</u>  |                            |

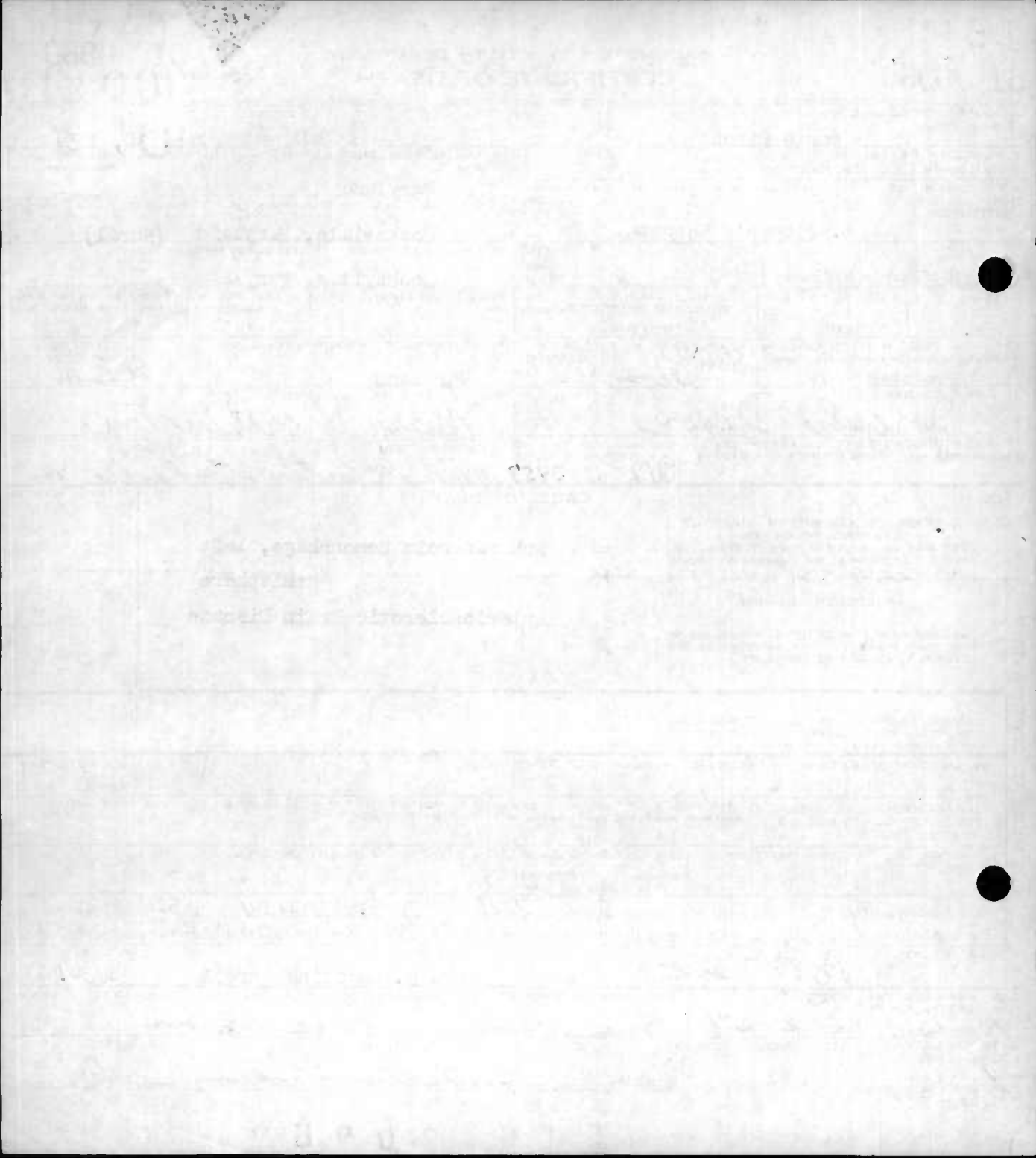
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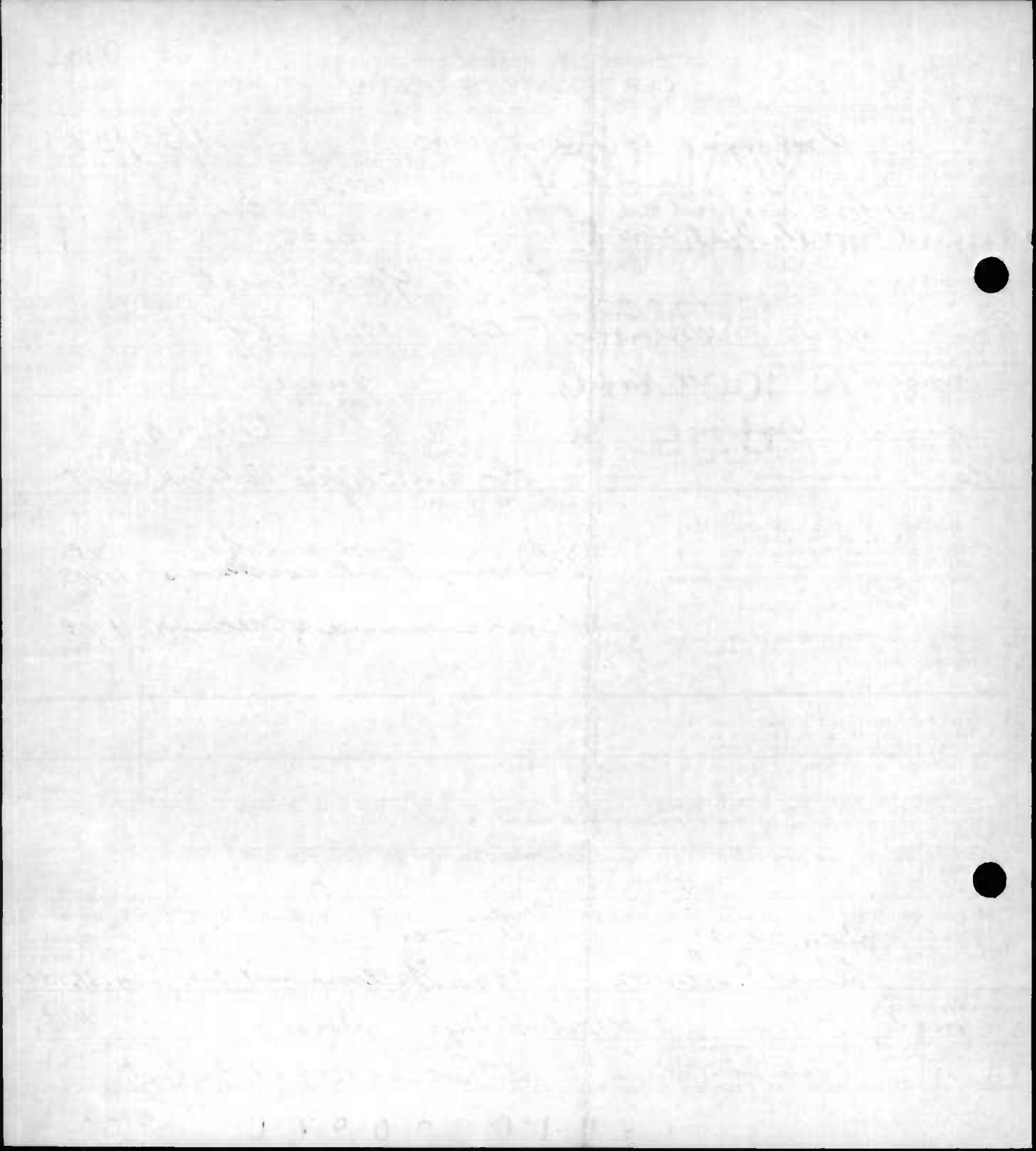


155  
01 0961BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0961

Registered No.

|  |                                  |  |                                      |  |   |
|--|----------------------------------|--|--------------------------------------|--|---|
| BIRTH NO.  |                                  | 1. NAME OF DECEASED<br>(Type or Print) <i>Josephine H. Kaufman</i>   |                                      | 2. DATE OF DEATH<br><i>1/30/51</i>                           |   |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland  |                                  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <i>Md</i> B. COUNTY  |                                      |  |   |
| 5. FULL NAME OF HOSPITAL OR INSTITUTION<br><i>Harford Convalescent Home</i>  |                                  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><i>Balto.</i>  |                                      |  |   |
| 6. Length of stay in Baltimore<br>Yrs. Mos. Days   |                                  | D. STREET ADDRESS (If rural, give location)<br><i>18 York Court</i>  |                                      |  |   |
| 7. SEX<br><i>Female</i>  | 8. COLOR OR RACE<br><i>White</i> | 9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><i>Widowed</i>  | 10. DATE OF BIRTH<br><i>Oct 1861</i> | 11. AGE (in years last birthday)<br><i>89</i>                | 12. Under 1 Year Months: Days: Under 24 Hours Hours: Min. |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)<br><i>Housewife</i>  |                                  | 10B. KIND OF BUSINESS OR INDUSTRY<br><i>at home</i>  |                                      | 11. BIRTHPLACE (State or foreign country)<br><i>Penna</i>    |   |
| 12. CITIZEN OF WHAT COUNTRY?   |                                  | 13. FATHER'S NAME<br><i>Dr. H. Hudson</i>  |                                      |  |   |
| 14. MOTHER'S MAIDEN NAME<br><i>M. Ellen Oliver</i>   |                                  | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)<br><i>No</i>  |                                      |  |   |
| 16. SOCIAL SECURITY NO.  |                                  | 17. INFORMANT ADDRESS<br><i>Mrs. S.A. Giffen 18 York Court</i>   |                                      |  |   |
| 18. <i>153X</i><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br>CAUSE OF DEATH<br>(A) <i>Chronic Myocarditis</i><br>DUE TO <i>Generalized arteriosclerosis</i><br>(B) <i>Carcinoma of Caecum</i><br>DUE TO<br>(C) |                                  | INTERVAL BETWEEN ONSET AND DEATH<br><i>1 YR.</i><br><i>10 YRS.</i><br><i>1 YR.</i>   |                                      |  |   |
| 19. DATE OF OPERATION  |                                  | 19A. MAJOR FINDINGS OF OPERATION   |                                      |  |   |
| 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |                                  | 21. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH<br>21A. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br>21B. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)<br>21C. TIME (Month) (Day) (Year) (Hour) INJURY<br>21D. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/><br>21E. HOW DID INJURY OCCUR? |                                      |  |   |
| 22. I hereby certify that I attended the deceased from <i>Aug.</i> , 1950, to <i>Jan. 30, 1951</i> , that I last saw the deceased alive on <i>Jan. 29, 1951</i> , and that death occurred at <i>5:00 A.M.</i> , from the causes and on the date stated above.  |                                  |  |                                      |  |   |
| 23A. SIGNATURE<br><i>Lloyd E. Saylor</i>   |                                  | 23B. ADDRESS<br><i>3902 Greenmount av.</i>   |                                      | 23C. DATE SIGNED<br><i>Jan. 31, 1951</i>                     |   |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><i>Burial</i>   |                                  | 24B. DATE<br><i>2/1/51</i>   |                                      | 24C. NAME OF CEMETERY OR CREMATORY<br><i>Meadow Ridge</i>    |   |
| 24D. LOCATION (City, town, or county)<br><i>Norsey</i>   |                                  | 24E. STATE<br><i>Md.</i>   |                                      | 24F. DATE RECEIVED BY LOCAL REGISTRAR<br><i>FEB 1 - 1951</i> |   |
| 24G. REGISTRAR'S SIGNATURE<br><i>Thurston Williams, M.D.</i>   |                                  | 24H. FUNERAL DIRECTOR<br><i>Wm. Cook Inc</i>   |                                      | 24I. ADDRESS<br><i>1217 St. Paul St.</i>                     |   |



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

51 0962  
Registered No.

BIRTH NO.

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 1. NAME OF DECEASED<br>(Type or Print) <i>Mary June Barker</i>  |  |  | 2. DATE OF DEATH<br><i>January 31, 1951</i>  |  |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland   |  |  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <i>Maryland</i><br>B. COUNTY |  |  |
| B. FULL NAME OF HOSPITAL OR INSTITUTION<br><i>1012 Warwick Avenue</i>   |  |  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><i>Baltimore</i>                               |  |  |
| D. STREET ADDRESS (If rural, give location)<br><i>1012 Warwick Avenue</i>                                       |  |  |  |  |  |
| 5. SEX<br><i>female</i>   |  |  | 6. COLOR OR RACE<br><i>white</i>   |  |  |
| 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><i>married</i>   |  |  | 8. DATE OF BIRTH<br><i>Sept. 7, 1883</i>   |  |  |
| 9. AGE (In years last birthday)<br><i>67</i>  |  |  | 10. Under 1 Year<br>Months: Days   |  |  |
| 11. Under 24 Hours<br>Hours: Min.   |  |  |  |  |  |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><i>housewife</i> |  |  | 10B. KIND OF BUSINESS OR INDUSTRY<br><i>own home</i>   |  |  |
| 11. BIRTHPLACE (State or foreign country)<br><i>Baltimore, Maryland</i>   |  |  | 12. CITIZEN OF WHAT COUNTRY?   |  |  |
| 13. FATHER'S NAME<br><i>Louis P. Rohner</i>   |  |  | 14. MOTHER'S MAIDEN NAME<br><i>Sabina Osborne</i>  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)<br>(If yes, give war or dates of service)      |  |  | 16. SOCIAL SECURITY NO.  |  |  |
| 17. INFORMANT<br><i>James Barker, 1012 Warwick Avenue</i>   |  |  | ADDRESS  |  |  |

MEDICAL CERTIFICATION

|  |  |   |  |
|--|--|---|--|
| 18. <i>260x</i><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><i>Diabetic coma</i><br>DUE TO    |  | INTERVAL BETWEEN ONSET AND DEATH  |  |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><br>DUE TO   |  |   |  |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  |  |   |  |
| 19A. DATE OF OPERATION<br><i>0</i>   |  | 19B. MAJOR FINDINGS OF OPERATION  |  |
| 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>   |  |   |  |
| 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)   |  | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                  |  |
| 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)   |  |   |  |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  |  | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  |
| 21F. HOW DID INJURY OCCUR?   |  |   |  |
| 22. I hereby certify that I attended the deceased from <i>1/30</i> , 1951, to <i>1/31</i> , 1951, that I last saw the deceased alive on <i>1/31</i> , 1951, and that death occurred at <i>2:50</i> A.M., from the causes and on the date stated above. |  |   |  |
| 23A. SIGNATURE<br><i>Jerome Gaber</i>  |  | 23B. ADDRESS<br><i>Lutheran Hosp.</i>   |  |
| 23C. DATE SIGNED<br><i>1/31/51</i>   |  |   |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><i>burial</i>   |  | 24B. DATE<br><i>2/3/51</i>  |  |
| 24C. NAME OF CEMETERY OR CREMATORY<br><i>Lorraine Cemetery</i>   |  | 24D. LOCATION (City, town, or county) (State)<br><i>Woodlawn, Maryland</i>                                |  |
| DATE RECEIVED BY LOCAL REGISTRAR<br><i>FEB 1 - 1951</i>  |  | REGISTRAR'S SIGNATURE<br><i>W. H. Williams</i>  |  |
| 25. FUNERAL DIRECTOR<br><i>H. M. Cook, Inc.</i>  |  | ADDRESS<br><i>1217 St. Paul Street</i>  |  |

1

STATE OF NEW YORK  
CERTIFICATE OF DEATH

DECEASED  
NAME  
AGE  
SEX  
RACE  
DATE OF BIRTH  
DATE OF DEATH  
PLACE OF BIRTH  
PLACE OF DEATH  
CAUSE OF DEATH  
MANNER OF DEATH  
OCCUPATION  
EDUCATION  
RELIGION  
MARRIAGE  
SINGLE  
MARRIED  
WIDOWED  
DIVORCED  
RE-MARRIED  
OTHER

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

51 0963  
Registered No.

|   |                              |   |  |  |  |
|---|------------------------------|---|--|--|--|
| BIRTH NO.   |                              | 1. NAME OF DECEASED<br>(Type or Print) <b>Nancy Bowman</b>  |  | 2. DATE OF DEATH<br><b>1-26-1951</b>   |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland   |                              | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>Maryland</b> B. COUNTY |  |  |  |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR INSTITUTION <b>Baltimore City Hospitals</b><br><b>4940 Eastern Ave.</b> |                              | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore</b>                            |  |  |  |
| Length of stay in Baltimore <b>34yrs</b>  |                              | D. STREET ADDRESS (If rural, give location)<br><b>349 Forrest Street zone 2</b>   |  |  |  |
| 5. SEX<br><b>F</b>  | 6. COLOR OR RACE<br><b>N</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b>   | 8. DATE OF BIRTH<br><b>May 7- 1882</b> | 9. AGE (In years last birthday)<br><b>68</b>                                       | If Under 1 Year Months: Days If Under 24 Hours Hours: Min. |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)   |                              | 10B. KIND OF BUSINESS OR INDUSTRY   |  | 11. BIRTHPLACE (State or foreign country)<br><b>Virginia</b>                       |  |
| 13. FATHER'S NAME   |                              | 14. MOTHER'S MAIDEN NAME  |  | 12. CITIZEN OF WHAT COUNTRY?   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)   |                              | 16. SOCIAL SECURITY NO.   |  | 17. INFORMANT <b>Baltimore City Hospitals</b><br><b>Records: 4940 Eastern Ave.</b> |  |

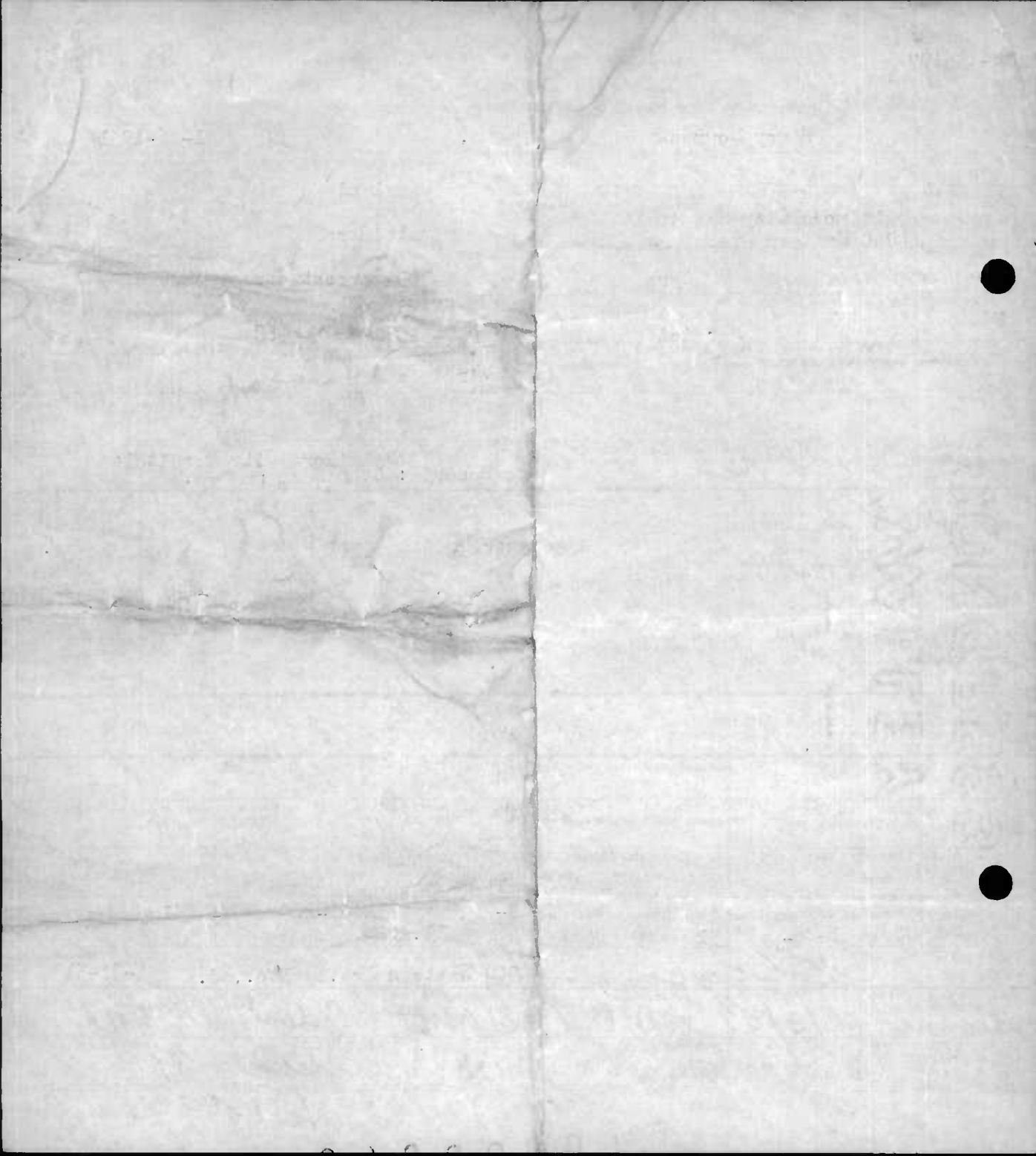
|   |  |   |
|---|--|---|
| 1B. <b>470.0</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Arteriosclerotic Heart Disease</b><br>DUE TO |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>More than 5 yrs.</b> |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br>DUE TO  |  |   |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   |  |   |

|   |   |  |  |   |
|---|---|--|--|---|
| 19A. DATE OF OPERATION <b>2</b>   |   | 19B. MAJOR FINDINGS OF OPERATION   |  | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH   | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) |  |   |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY   | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21F. HOW DID INJURY OCCUR?   |  |   |
| 22. I hereby certify that I attended the deceased from <b>1-19-</b> , 19 <b>51</b> to <b>1-26-</b> , 19 <b>51</b> that I last saw the deceased alive on <b>1-26-</b> , 19 <b>51</b> and that death occurred at <b>11.10AM</b> from the causes and on the date stated above. |   |  |  |   |
| 23A. SIGNATURE <b>J.S. Rogers</b>   |   | 23B. ADDRESS <b>4940 Eastern Ave., Balto., Md.</b>                       |  | 23C. DATE SIGNED <b>1-31-51</b>   |

|  |  |  |  |
|--|--|--|--|
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> | 24B. DATE<br><b>2/3/51</b>                     | 24C. NAME OF CEMETERY OR CREMATORY<br><b>Mt. Calvary</b> | 24D. LOCATION (City, town, or county) (State)<br><b>Cedar Hill Md.</b> |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>EB 1-1951</b>       | REGISTRAR'S SIGNATURE<br><b>W. J. Halstead</b> | 25. FUNERAL DIRECTOR<br><b>W. J. Halstead - 918 -</b>    |  |

*Handwritten:* 4940 Eastern Ave. 937







324  
51 0964

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 0964

|   |                              |  |  |
|---|------------------------------|--|--|
| 1. NAME OF DECEASED<br>(Type or Print) <i>Thelma Catherine Ritzel</i>   |                              | 2. DATE OF DEATH<br><i>1/31/51</i>   |  |
| 3. PLACE OF DEATH:<br>a. Baltimore City, Maryland   |                              | 4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)<br>a. STATE <i>Md.</i> b. COUNTY |  |
| b. FULL NAME OF (If not in hospital or institution, give street address or location)<br><i>Sinai Hosp.</i>      |                              | c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><i>Baltimore 6-02</i>                  |  |
| c. Length of stay in Baltimore <i>life</i>  |                              | d. STREET ADDRESS (If rural, give location)<br><i>426 N. Rose Street</i>   |  |
| 5. SEX<br><i>F</i>  | 6. COLOR OR RACE<br><i>W</i> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><i>M</i>  | 8. DATE OF BIRTH<br><i>July 11, 1907</i>     |
|   |                              |  | 9. AGE (In years last birthday)<br><i>43</i> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><i>housewife</i> |                              | 10b. KIND OF BUSINESS OR INDUSTRY<br><i>at home</i>  |  |
| 11. BIRTHPLACE (State or foreign country)<br><i>Baltimore, Md.</i>  |                              | 12. CITIZEN OF WHAT COUNTRY?<br><i>U.S.</i>  |  |
| 13. FATHER'S NAME<br><i>James M. Long</i>   |                              | 14. MOTHER'S MAIDEN NAME<br><i>Marie Helgrin</i>   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)        |                              | 16. SOCIAL SECURITY NO.  |  |
|   |                              | 17. INFORMANT ADDRESS<br><i>Irving Ritzel, husband, above</i>  |  |

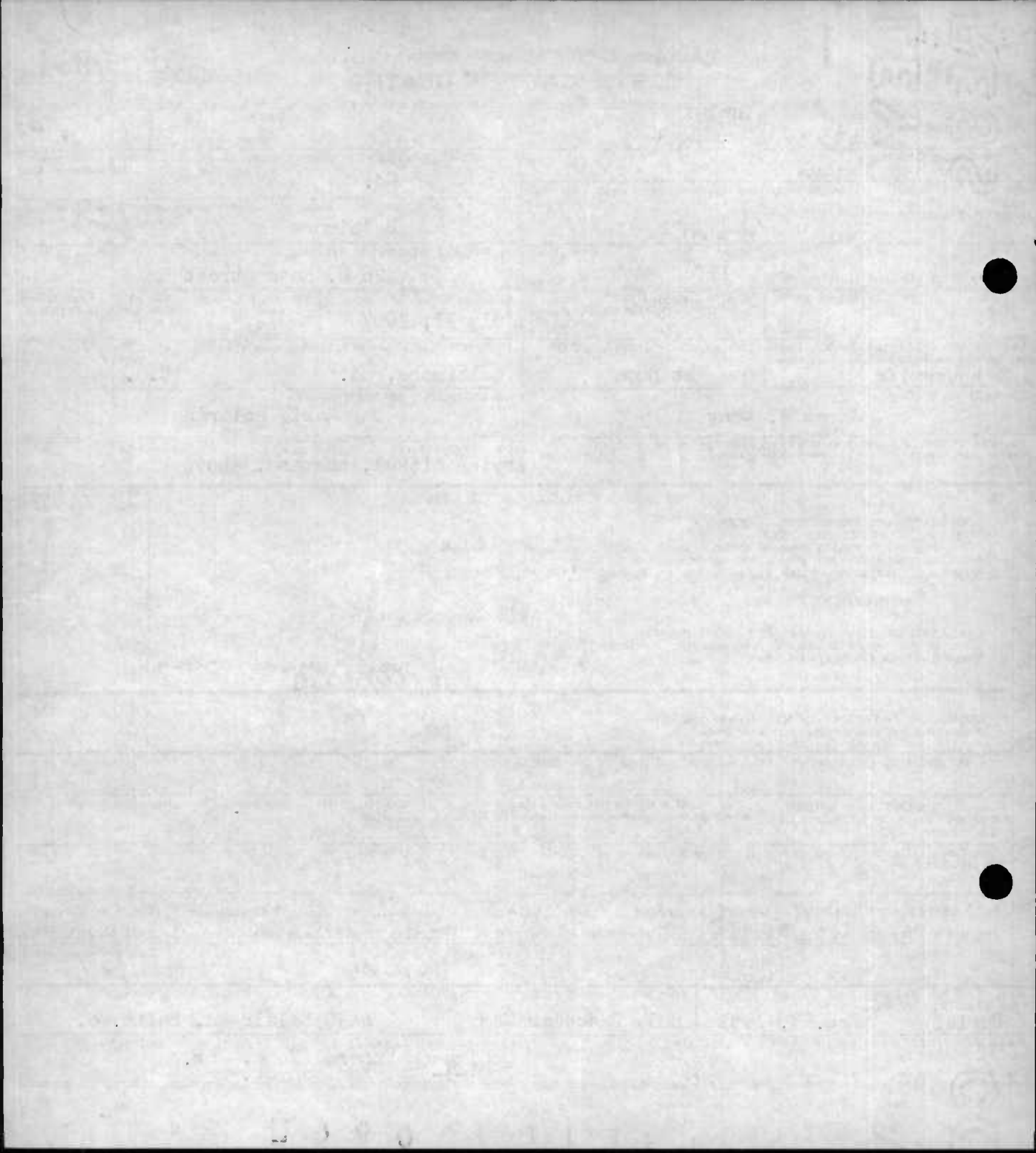
MEDICAL CERTIFICATION

|  |  |                                  |
|--|--|----------------------------------|
| 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><i>Uremia</i> |  | INTERVAL BETWEEN ONSET AND DEATH |
| DUE TO (A) <i>Uremia</i>   |  |                                  |
| DUE TO (B) <i>Renal insufficiency</i>  |  |                                  |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><i>polycystic kidneys, acquired absence of left kidney</i>                         |  |                                  |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  |  |                                  |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 19a. DATE OF OPERATION<br><i>0</i>  |  | 19b. MAJOR FINDINGS OF OPERATION   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>           |  |
| 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH   |  | 21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)              |  | 21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)           |  |
| 21d. TIME (Month) (Day) (Year) (Hour) OF INJURY   |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR?   |  |
| 22. I hereby certify that I attended the deceased from <i>1/29</i> , 1951, to <i>1/31</i> , 1951, that I last saw the deceased alive on <i>1/31</i> , 1951, and that death occurred at <i>1:15 P.m.</i> , from the causes and on the date stated above. |  |  |  |  |  |
| 23a. SIGNATURE<br><i>Eugene Keller</i>  |  | 23b. ADDRESS<br><i>Sinai</i>   |  | 23c. DATE SIGNED<br><i>1/31/51</i>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><i>Burial</i>  |  | 24b. DATE<br><i>Feb. 3, 1951</i>   |  | 24c. NAME OF CEMETERY OR CREMATORY<br><i>Holy Redeemer Cem</i>                     |  |
|   |  |  |  | 24d. LOCATION (City, town, or county) (State)<br><i>4430 Belair Rd. Balto. Md.</i> |  |
| DATE RECEIVED BY LOCAL REGISTRAR<br><i>FEB 1 - 1951</i>   |  | REGISTRAR'S SIGNATURE<br><i>William Williams</i>   |  | 25. FUNERAL DIRECTOR<br><i>Schimunek Funeral Home, Inc.</i>                        |  |
|   |  |  |  | ADDRESS<br><i>2601-3-5 E. Madison St.</i>  |  |

19510000963

133B



100  
51 0965  
BIRTH NO.

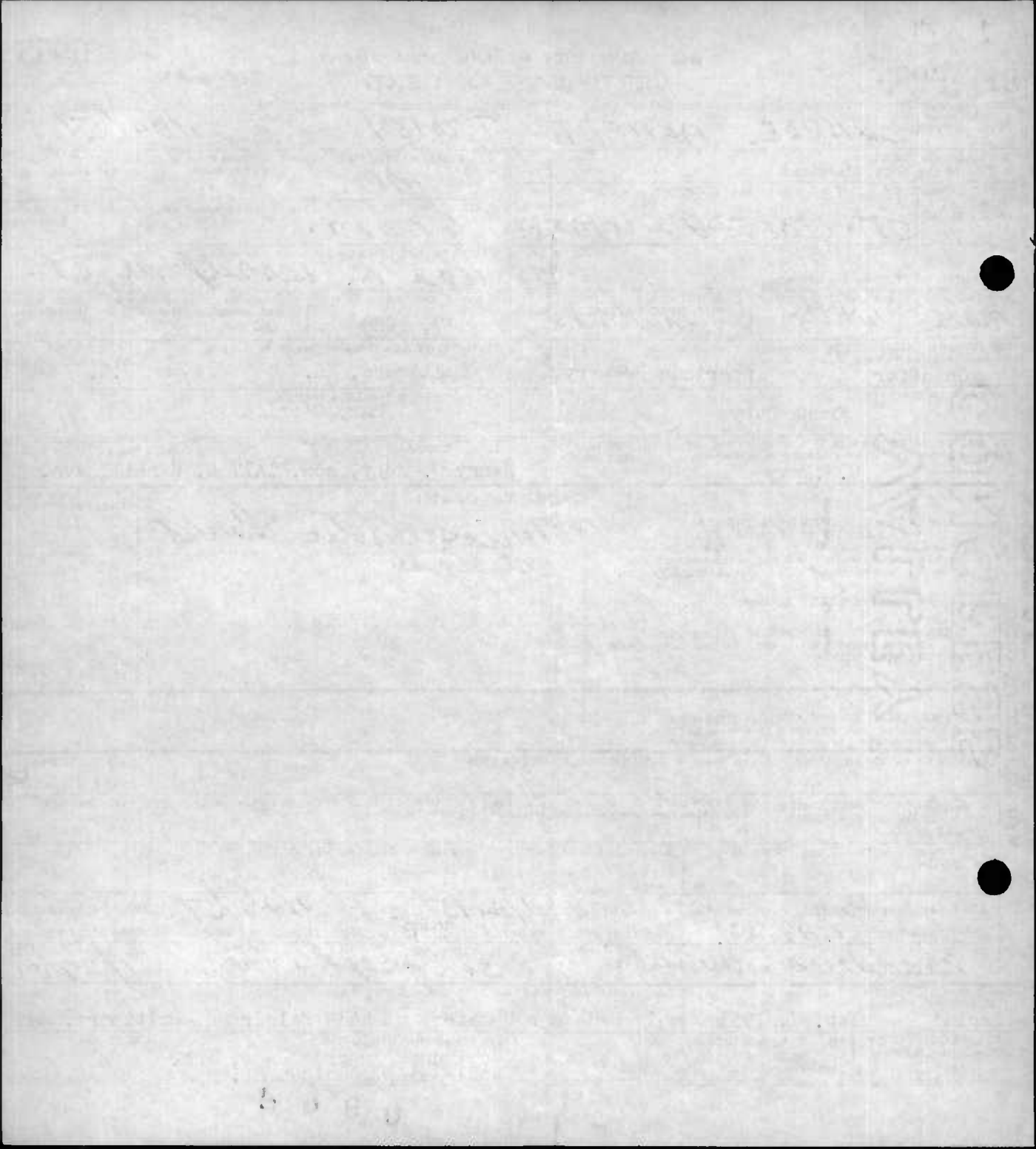
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0965  
Registered No.

|  |                                  |  |  |
|--|----------------------------------|--|--|
| 1. NAME OF DECEASED<br>(Type or Print) <b>CHARLES ALBERT RUBY</b>  |                                  | 2. DATE OF DEATH<br><b>1/29/51</b>   |  |
| 3. PLACE OF DEATH:<br>a. Baltimore City, Maryland  |                                  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>MD.</b> B. COUNTY |  |
| 5. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>ST. JOSEPH'S HOSP.</b>   |                                  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>BALTO.</b>                          |  |
| 6. LENGTH OF STAY IN BALTIMORE<br><b>4</b>   |                                  | D. STREET ADDRESS (If rural, give location)<br><b>402 N. Bradford St.</b>  |  |
| 7. SEX<br><b>Male</b>  | 8. COLOR OF RACE<br><b>White</b> | 9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b>  | 10. DATE OF BIRTH<br><b>May 17, 1888</b> |
| 11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Chauffer</b>  |                                  | 12. AGE (in years last birthday)<br><b>62</b>  |  |
| 13. FATHER'S NAME<br><b>Frank Ruby</b>   |                                  | 13. CITIZEN OF WHAT COUNTRY?<br><b>U.S.</b>  |  |
| 14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)<br><b>yes U.S. Navy</b>   |                                  | 14. MOTHER'S MAIDEN NAME<br><b>Mary O'Brien</b>  |  |
| 15. SOCIAL SECURITY NO.  |                                  | 15. INFORMANT ADDRESS<br><b>Henry G. Ruby, son, 1417 N. Kenhill Ave.</b>   |  |
| 16. CAUSE OF DEATH<br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Arteriosclerotic heart disease</b><br>DUE TO<br>ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. |                                  |  |  |
| 19A. DATE OF OPERATION<br><b>0</b>   |                                  | 19B. MAJOR FINDINGS OF OPERATION   |  |
| 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |                                  |  |  |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  |                                  | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                               |  |
| 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)   |                                  |  |  |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  |                                  | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                 |  |
| 21F. HOW DID INJURY OCCUR?   |                                  |  |  |
| 22. I hereby certify that I attended the deceased from <b>1/21/51</b> to <b>1/29/51</b> , that I last saw the deceased alive on <b>1/29/51</b> , and that death occurred at <b>8:35</b> m., from the causes and on the date stated above.  |                                  |  |  |
| 23A. SIGNATURE<br><b>Maddeus Sawinski</b>  |                                  | 23B. ADDRESS<br><b>St. Joseph's Hosp.</b>  |  |
| 23C. DATE SIGNED<br><b>1/29/51</b>   |                                  |  |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |                                  | 24B. DATE<br><b>Feb. 2, 1951</b>   |  |
| 24C. NAME OF CEMETERY OR CREMATORY<br><b>Holy Redeemer Cemetery</b>  |                                  | 24D. LOCATION (City, town, or county) (State)<br><b>4430 Belair Rd. Baltimore, Md.</b>                                 |  |
| 25. FUNERAL DIRECTOR<br><b>Schimunek Funeral Home, Inc.</b>  |                                  | 25. ADDRESS<br><b>2601-3-5 E. Madison St.</b>  |  |

MEDICAL CERTIFICATION

60346000964  
937



635  
51 0966

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0966  
Registered No.

|   |  |  |   |  |  |
|---|--|--|---|--|--|
| 1. NAME OF DECEASED<br>(Type or Print) ANNA MARIE ERDMAN  |  |  | 2. DATE OF DEATH Jan. 30, 1951  |  |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland 2106 Ashland Ave.   |  |  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE Md.<br>B. COUNTY<br>C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore<br>D. STREET ADDRESS (If rural, give location) 2106 Ashland Avenue |  |  |
| 5. SEX female   |  |  | 6. COLOR OR RACE white  |  |  |
| 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married   |  |  | 8. DATE OF BIRTH April 8, 1871  |  |  |
| 9. AGE (In years last birthday) 79  |  |  | 10. UNDER 1 Year Months: Days: Hours: Min.  |  |  |
| 11. BIRTHPLACE (State or foreign country) Baltimore, Md.  |  |  | 12. CITIZEN OF WHAT COUNTRY? U.S.   |  |  |
| 13. FATHER'S NAME Adam Busse  |  |  | 14. MOTHER'S MAIDEN NAME Unknown  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)   |  |  | 16. SOCIAL SECURITY NO.   |  |  |
| 17. INFORMANT Howard E. Erdman, husband, above  |  |  | ADDRESS   |  |  |
| 18. 331X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. |  |  | CAUSE OF DEATH (A) Cerebral Hemorrhage (apoplexy) 2 days (B) Generalized Arterio sclerosis ? (C) Diabetes Mellitus ?  |  |  |
| 19A. DATE OF OPERATION 0  |  |  | 19B. MAJOR FINDINGS OF OPERATION  |  |  |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>   |  |  |   |  |  |
| 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)  |  |  | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |  |  |
| 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)  |  |  |   |  |  |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY   |  |  | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  |  |
| 21F. HOW DID INJURY OCCUR?  |  |  |   |  |  |
| 22. I hereby certify that I attended the deceased from Jan 28, 1951, to Jan 30, 1951, that I last saw the deceased alive on Jan 29, 1951, and that death occurred at 1 A.M., from the causes and on the date stated above.  |  |  |   |  |  |
| 23A. SIGNATURE Joseph Pokorny   |  |  | 23B. ADDRESS 2200 E. Madison St.  |  |  |
| 23C. DATE SIGNED 1/31/51  |  |  |   |  |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify) Burial  |  |  | 24B. DATE Feb. 2, 1951  |  |  |
| 24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery   |  |  | 24D. LOCATION (City, town, or county) (State) 4430 Belair Rd. Balto. Md.  |  |  |
| 25. FUNERAL DIRECTOR Schimunek Funeral Home, Inc.   |  |  | ADDRESS 2601-3-5 E. Madison St.   |  |  |

MEDICAL CERTIFICATION

DATE RECEIVED BY LOCAL REGISTRAR  
FEB 1 - 1951

REGISTRAR'S SIGNATURE  
[Signature]

25. FUNERAL DIRECTOR  
Schimunek Funeral Home, Inc.  
2601-3-5 E. Madison St.

STATE OF NEW YORK  
CERTIFICATE OF DEATH

1. Name of deceased: *John Doe*  
2. Date of death: *Jan 15 1900*  
3. Place of death: *New York City*  
4. Age: *45*  
5. Sex: *Male*  
6. Cause of death: *Heart Disease*  
7. Signature of physician: *J. Smith*  
8. Signature of registrar: *A. Jones*  
9. Date of registration: *Jan 20 1900*  
10. Place of registration: *New York City*



# CERTIFICATE CORRECTED

2-7-51

BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

51 0967

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

*Louis C. Neuburger*

2. DATE  
OF  
DEATH

*Jan 30/51*

3. PLACE OF DEATH:

A. Baltimore City, Maryland *3300 Ramona*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE *Md* B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
*Balto*

C. Length of stay in Baltimore *life*  
Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location)  
*3300 Ramona Ave*

5. SEX *Male* 6. COLOR OR RACE *White* 7. SINGLE MARRIED, WIDOWED, DIVORCED (Specify) *widowed*

8. DATE OF BIRTH *July Jan 24/87* 9. AGE (in years last birthday) *71* 10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *Moulder* 10B. KIND OF BUSINESS OR INDUSTRY *Foundry*

11. BIRTHPLACE (State or foreign country) *Balto* 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME *Martin Neuburger*

14. MOTHER'S MAIDEN NAME *Wetzelberger*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) 16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS *Miss Ruth Neuburger 3300 Ramona*

18. *470.0*

### CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Atherosclerotic Heart Disease*

INTERVAL BETWEEN ONSET AND DEATH *3-4 years*

### ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *General Atherosclerosis*

*Unknown*

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION *0*

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Oct. 2*, 1950, to *Jan. 30*, 1951, that I last saw the deceased alive on *Jan. 30*, 1951, and that death occurred at *12:15 a.m.*, from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

*Buried*

*2/1/51*

*Parkwood*

*Baltimore*

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

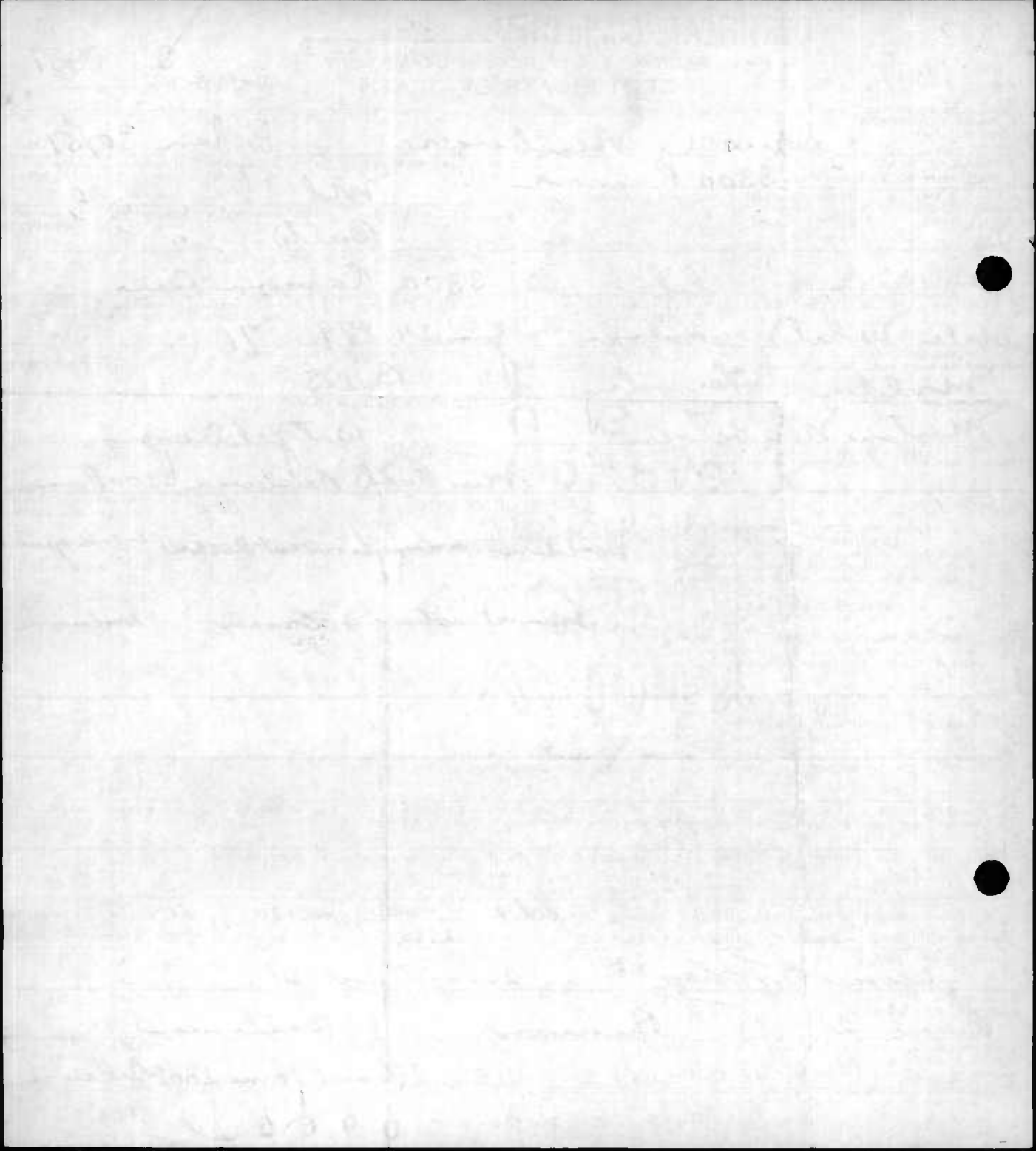
ADDRESS

*FEB 1-1951*

*William H. Williams, Jr.*

*Ullrich Funeral Home 2008 Chelms*





560

51 0968

BIRTH NO.

FENNER

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X

Registered No.

51 0968

1. NAME OF DECEASED  
(Type or Print)

David Berl Fenner

2. DATE OF DEATH

Jan 31, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Kansas

B. COUNTY V-14

B. FULL NAME OF HOSPITAL OR LOCATION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Goodland

D. STREET ADDRESS (If rural, give location)

322 E. 10th St.

E. Length of stay in Baltimore

14

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Child

8. DATE OF BIRTH

7-9-50

9. AGE (In years last birthday)

6

Months: 22

Days: 22

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

NONE

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Kansas

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Robert Fenner

14. MOTHER'S MAIDEN NAME

Lorraine Delzien

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Congenital heart disease, transposition of great vessels

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

6 mo.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

1-31-51

19B. MAJOR FINDINGS OF OPERATION

Transposition of great vessels

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

☐

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-16-51, 1951, to 1-31-51, 1951, that I last saw the deceased alive on 1-31-51, 1951, and that death occurred at 3:40 P.M., from the causes and on the date stated above.

23A. SIGNATURE

AB Morrow

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

1-31-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

2-3-51

24C. NAME OF CEMETERY OR CREMATORY

Goodland, Kansas

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

FEB 1-1951

REGISTRAR'S SIGNATURE

John O. Mitchell & Sons

25. FUNERAL DIRECTOR

1900 Cutaw Pl.

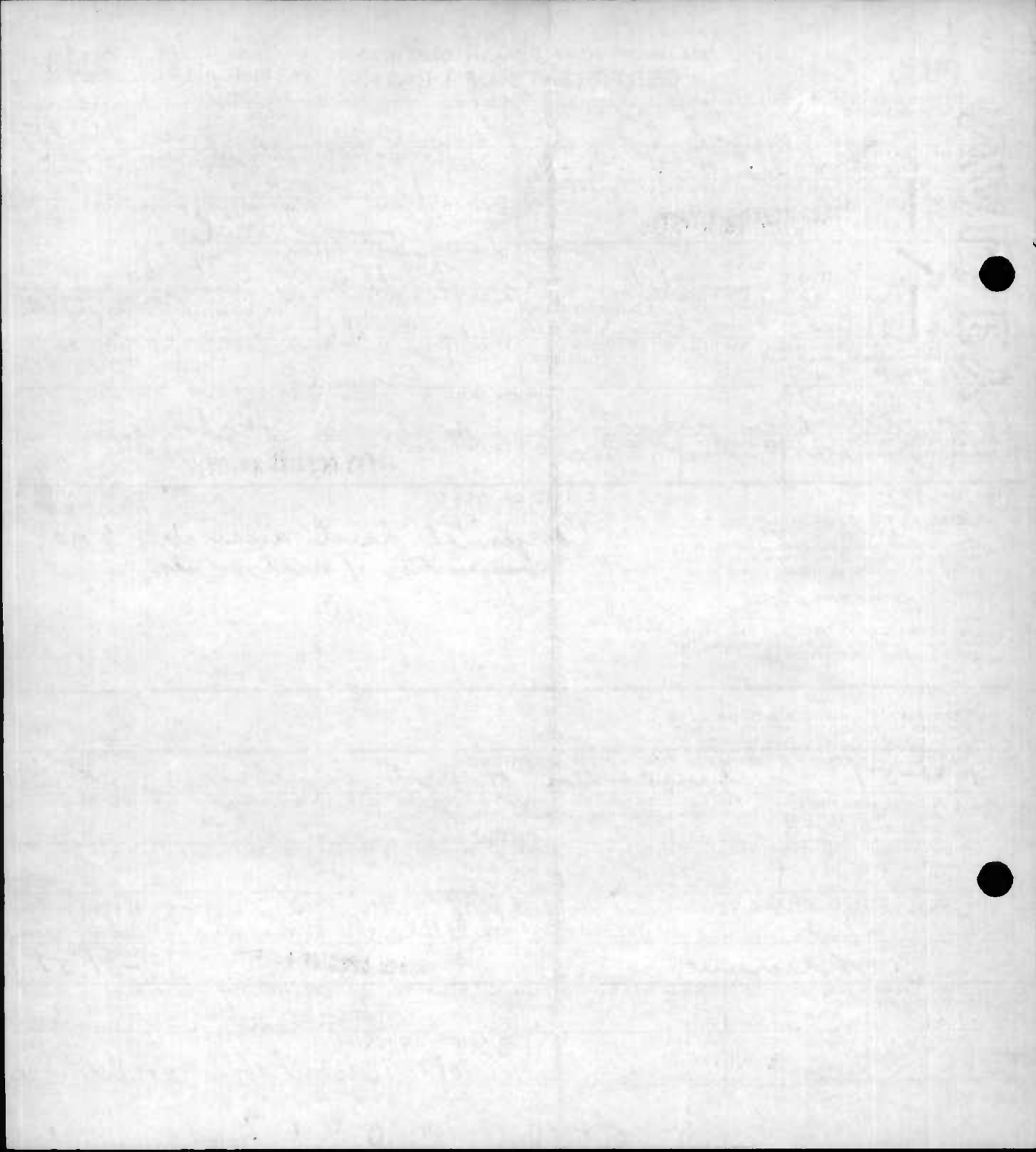
ADDRESS

VS 150

19510200967

157E

MEDICAL CERTIFICATION



200  
0969

BALTIMORE CITY HEALTH DEPARTMENT  
M. CERTIFICATE OF DEATH

51 0969

Registered No. \_\_\_\_\_

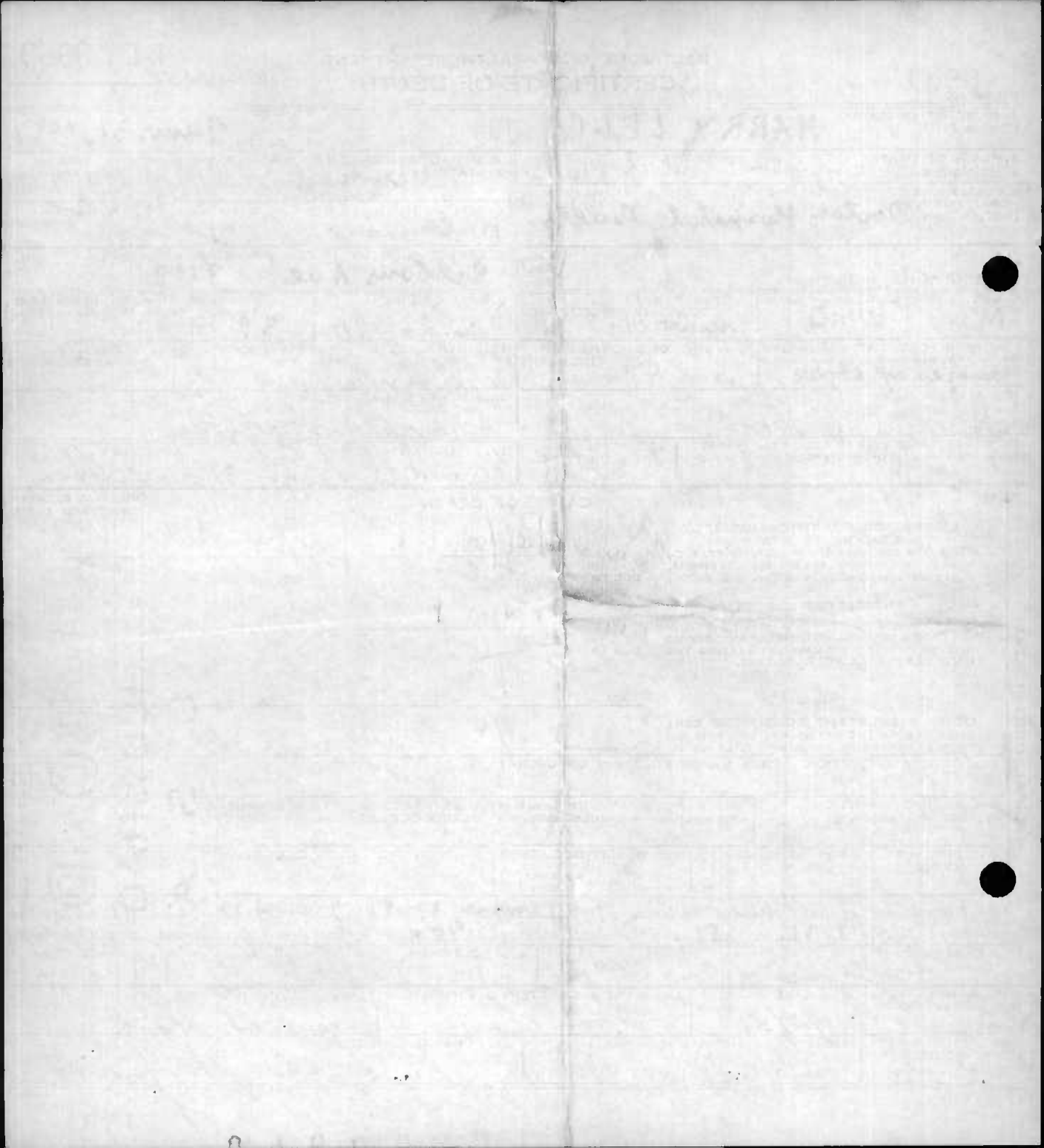
|   |                                  |   |  |   |  |
|---|----------------------------------|---|--|---|--|
| BIRTH NO. _____   |                                  | 1. NAME OF DECEASED<br>(Type or Print) <b>HARRY LEGG JR</b>   |  | 2. DATE OF DEATH<br><b>Jan. 31, 1951</b>  |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland <b>Doctors Hosp. Balto</b>  |                                  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>Maryland</b> B. COUNTY _____ |  |   |  |
| B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Doctors Hospital, Balto</b>  |                                  | C. CITY OR TOWN (If outside corporate limits, write R.R.A. and give township)<br><b>Baltimore</b>                                 |  |   |  |
| D. STREET ADDRESS (If rural, give location)<br><b>Gibbons Ave 3113</b>  |                                  | E. LENGTH OF STAY IN BALTIMORE<br>Yrs. _____ Mos. _____ Days _____  |  |   |  |
| 5. SEX<br><b>M</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>married</b>   | 8. DATE OF BIRTH<br><b>Mar. 26, 1911</b> | 9. AGE (In years last birthday)<br><b>39</b>  | 10. Under 1 Year Months: _____ Days: _____ |
| 11. BIRTHPLACE (State or foreign country)<br><b>California</b>  |                                  | 12. CITIZEN OF WHAT COUNTRY?<br>_____   |  |   |  |
| 13. FATHER'S NAME<br><b>Harry M. Legg</b>   |                                  | 14. MOTHER'S MAIDEN NAME<br><b>Wortense Weaver</b>  |  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)<br><b>no</b>  |                                  | 16. SOCIAL SECURITY NO.<br>_____  |  | 17. INFORMANT ADDRESS<br><b>Mrs. Edith Legg - 3113 Gibbons</b>                      |  |
| 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>540.1, Perforated Gastric Ulcer</b>                              |                                  | CAUSE OF DEATH<br><b>Perforated Gastric Ulcer</b>   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>1 day</b>                                    |  |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><b>II</b>   |                                  | (B) _____   |  | (C) _____   |  |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.<br>_____  |                                  | _____   |  |   |  |
| 19A. DATE OF OPERATION<br><b>None</b>   |                                  | 19B. MAJOR FINDINGS OF OPERATION<br>_____   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)<br>_____   |                                  | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br>_____                                 |  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)<br>_____   |  |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY<br>_____  |                                  | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                            |  | 21F. HOW DID INJURY OCCUR?<br>_____   |  |
| 22. I hereby certify that I attended the deceased from <b>January 30, 1951</b> to <b>January 31, 1951</b> , that I last saw the deceased alive on <b>1.31.</b> , 19 <b>51</b> , and that death occurred at <b>10 a.m.</b> , from the causes and on the date stated above. |                                  |   |  |   |  |
| 23A. SIGNATURE<br><b>James J. Glover M.D.</b>   |                                  | 23B. ADDRESS<br><b>2730 N. Charles</b>  |  | 23C. DATE SIGNED<br><b>1/31/51</b>  |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>   |                                  | 24B. DATE<br><b>2/3/51</b>  |  | 24C. NAME OF CEMETERY OR CREMATORY<br><b>Woodlawn</b>                               |  |
| 24D. LOCATION (City, town, or county) (State)<br><b>Balto Md</b>  |                                  | 25. FUNERAL DIRECTOR ADDRESS<br><b>D. J. Ruck, 5305 Harford Rd</b>  |  |   |  |

MEDICAL CERTIFICATION

DATE RECEIVED BY LOCAL REGISTRAR  
**FEB 1 - 1951**

290 6F

117a



520  
51 0970

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0970

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

|  |                                  |   |   |  |   |
|--|----------------------------------|---|---|--|---|
| 1. NAME OF DECEASED<br>(Type or Print) <b>CHARLES William Simms</b>  |                                  |   | 2. DATE OF DEATH <b>JANUARY 30, 1951</b>  |  |   |
| 3. PLACE OF DEATH:<br>a. Baltimore City, Maryland  |                                  |   | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>MARYLAND</b><br>b. COUNTY <b>BALTIMORE</b> |  |   |
| 5. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR INSTITUTE <b>LUTHERAN Hospital P.O.A</b> |                                  |   | c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>BALTIMORE 20-04</b>  |  |   |
| 6. LENGTH OF stay in Baltimore <b>Life</b>   |                                  |   | d. STREET ADDRESS (If rural, give location)<br><b>2146 BOYD ST.</b>   |  |   |
| 5. SEX<br><b>MALE</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>MARRIED</b> | 8. DATE OF BIRTH<br><b>MARCH 28, 1914</b>   |  | 9. AGE (In years last birthday) <b>36</b>       |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>MECHANIC</b>                               |                                  | 10B. KIND OF BUSINESS OR INDUSTRY<br><b>Construction</b>          | 11. BIRTHPLACE (State or foreign country)<br><b>MARYLAND</b>  |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U. S. A.</b> |
| 13. FATHER'S NAME<br><b>CHARLES SIMMS</b>  |                                  |   | 14. MOTHER'S MAIDEN NAME<br><b>AGNES THOMPSON</b>   |  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)<br><b>No</b>                        |                                  | 16. SOCIAL SECURITY NO.<br><b>218-05-7270</b>                     | 17. INFORMANT ADDRESS<br><b>MARGARET SIMMS 2146 BOYD ST. ✓</b>  |  |   |

|  |   |   |
|--|---|---|
| 18. <b>410 X</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>CORONARY OCCLUSION</b> | CAUSE OF DEATH<br>(A) <b>CORONARY OCCLUSION</b><br>DUE TO<br>(B) <b>Mitral stenosis, rheumatic</b><br>DUE TO (inactive, quiescent, chronic)<br>(C) <b>Other disease of the heart</b><br><b>auricular fibrillation</b> | INTERVAL BETWEEN ONSET AND DEATH<br><b>1 1/2 hrs.</b><br><b>4 years</b><br><b>4 years</b> |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  |   |   |

|   |  |  |
|---|--|--|
| 19A. DATE OF OPERATION <b>0</b>                 | 19B. MAJOR FINDINGS OF OPERATION   | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)      | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)              | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21F. HOW DID INJURY OCCUR?   |

22. I hereby certify that I attended the deceased from **Dec. 27, 1946**, to **Jan. 30, 1951**, that I last saw the deceased alive on **Jan. 30, 1951**, and that death occurred at **11:30 a.m.**, from the causes and on the date stated above.

|  |   |  |  |
|--|---|--|--|
| 23A. SIGNATURE<br><b>Libert E. Rudman</b>                  | 23B. ADDRESS<br><b>2517 W. Balto. H.</b>                | 23C. DATE SIGNED<br><b>1/30/51</b>                                       |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>BURIAL</b> | 24B. DATE<br><b>2-2-51</b>                              | 24C. NAME OF CEMETERY OR CREMATORY<br><b>LODGE PARK</b>                  | 24D. LOCATION (City, town, or county) (State)<br><b>BALTIMORE, MD.</b> |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>FEB 1 - 1951</b>    | REGISTRAR'S SIGNATURE<br><b>Thurston Williams, M.D.</b> | 25. FUNERAL DIRECTOR ADDRESS<br><b>Geo. L. Schwab 210 Frederick Ave.</b> |  |

MEDICAL CERTIFICATION

554 24 0000969 92B



NOT A MEDICAL EXAMINER'S CASE

M.D.

~~CHIEF~~ OR ASS'T. MEDICAL EXAMINER

Was the R H condition  
accompanied by active RF  
at the time of death?

or  
inactive, quiescent - a chronic  
condition

See Document File 51-0970  
2/6/1951 Es



150

51 0971

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ABE DUBIN

2. DATE  
OF  
DEATH

1-31-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

St Joseph Hospital Baltimore

C. Length of stay in Baltimore

Yrs. 55  
Mos. Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE MdC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore 9-08D. STREET ADDRESS (If rural, give location)  
2001 Greenmount Ave

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

9. AGE (In years, last birthday)

If Under 1 Year Months: Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Tutor

10B. KIND OF BUSINESS OR INDUSTRY

self

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

NOT KNOWN

14. MOTHER'S MAIDEN NAME

NOT KNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Rose Dubin

Same

18. 420.1 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Coronary Artery Disease

5 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

CERTIFICATION APPROVED BY

Stanley H. Dunsen

CHIEF OR ASST. MEDICAL EXAMINER.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) DUE TO

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/27, 1951, to 1/27, 1951, that I last saw the deceased alive on 1/27, 1951, and that death occurred at 12:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Edward S. J. Loebe

23B. ADDRESS

1847 W. North Ave

23C. DATE SIGNED

2/1/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2-1-51

24C. NAME OF CEMETERY OR CREMATORY

Mt Carmel

24D. LOCATION (City, town, or county) (State)

Balto Md

DATE RECEIVED BY LOCAL REGISTRAR

FEB 1-1951

REGISTRAR'S SIGNATURE

Washington Williams, M.D.

25. FUNERAL DIRECTOR

Jack Lewis

ADDRESS

2100 Gutter Rd

Kallens  
1847 W North  
830

OK

510  
51 0972BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 0972

|   |                                  |   |   |
|---|----------------------------------|---|---|
| 1. NAME OF DECEASED<br>(Type or Print) <b>ABRAHAM TIMOFF</b>  |                                  | 2. DATE OF DEATH <b>2-1-51</b>  |   |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland   |                                  | 4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)<br>A. STATE <b>MD</b> B. COUNTY |   |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)<br><b>4005 Grantley Road Baltimore</b>   |                                  | C. CITY OR TOWN (If outside corporate limits, give the RURAL and give township)<br><b>Baltimore</b>                   |   |
| D. STREET ADDRESS (If rural, give location)<br><b>4005 Grantley Road</b>  |                                  | E. LENGTH OF STAY IN BALTIMORE<br><b>40</b> Yrs. <b>40</b> Mos. <b>40</b> Days  |   |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b>   | 8. DATE OF BIRTH  |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Tailor</b>  |                                  | 10B. KIND OF BUSINESS OR INDUSTRY<br><b>Kecht Bros</b>  | 11. BIRTHPLACE (State or foreign country)<br><b>Romania</b> |
| 12. CITIZEN OF WHAT COUNTRY?  |                                  | 13. FATHER'S NAME<br><b>Isaac</b>   |   |
| 14. MOTHER'S MAIDEN NAME<br><b>Ligia</b>  |                                  | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)              |   |
| 16. SOCIAL SECURITY NO.   |                                  | 17. INFORMANT<br><b>Minnie Timoff - Same</b>  |   |
| 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Carcinoma Bile Duct</b> |                                  | INTERVAL BETWEEN ONSET AND DEATH<br><b>18 mo.</b>   |   |

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 19A. DATE OF OPERATION<br><b>July 1949</b>  |  | 19B. MAJOR FINDINGS OF OPERATION<br><b>Carcinoma Common Bile Duct</b>                                     |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)  |  | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)                 |  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)            |  |
| 21D. TIME (Month) (Day) (Year) (Hour) INJURY  |  | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21F. HOW DID INJURY OCCUR?  |  |
| 22. I hereby certify that I attended the deceased from <b>1937</b> , to <b>2/1</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>2/1</b> , 19 <b>51</b> , and that death occurred at <b>2 P</b> m., from the causes and on the date stated above. |  |   |  |   |  |
| 23A. SIGNATURE<br><b>Edward S. Halling</b>  |  | 23B. ADDRESS<br><b>1847 W. North Ave</b>  |  | 23C. DATE SIGNED<br><b>2/1/51</b>   |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |  | 24B. DATE<br><b>2-2-51</b>  |  | 24C. NAME OF CEMETERY OR CREMATORY<br><b>Rosedale</b>                               |  |
| 24D. LOCATION (City, town, or county) (State)<br><b>Balto MD</b>  |  | 24E. FUNERAL DIRECTOR<br><b>Jack Lewis</b>  |  | 24F. ADDRESS<br><b>200 Eastwood Rd</b>  |  |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>FEB 1 - 1951</b>   |  | REGISTRAR'S SIGNATURE<br><b>W. Williams</b>   |  | 25. FUNERAL DIRECTOR<br><b>Jack Lewis</b>   |  |



550

51 0973

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 0973  
Registered No.

|  |                                  |  |                                    |
|--|----------------------------------|--|------------------------------------|
| 1. NAME OF DECEASED<br>(Type or Print) <b>LENA NAIMAN</b>  |                                  | 2. DATE OF DEATH<br><b>2/1/1951</b>  |                                    |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland <b>2811 Ridgewood Ave</b>                                      |                                  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>MARYLAND</b><br>B. COUNTY |                                    |
| B. FULL NAME OF HOSPITAL OR INSTITUTION  |                                  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Balto</b>                                   |                                    |
| C. Length of stay in Baltimore<br><b>40 YEARS.</b>   |                                  | D. STREET ADDRESS (If rural, give location)<br><b>2811 Ridgewood Ave.</b>  |                                    |
| 5. SEX<br><b>female</b>  | 6. COLOR OR RACE<br><b>white</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b>  | 8. DATE OF BIRTH<br><b>UNKNOWN</b> |
| 9. AGE (In years last birthday)<br><b>59</b>   |                                  | 10. Under 1 Year<br>Months: Days   | 11. Under 24 Hours<br>Hours: Min.  |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>housewife.</b> |                                  | 10B. KIND OF BUSINESS OR INDUSTRY  |                                    |
| 11. BIRTHPLACE (State or foreign country)<br><b>LITHUANIA</b>  |                                  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>  |                                    |
| 13. FATHER'S NAME<br><b>JOSEPH SHER</b>  |                                  | 14. MOTHER'S MAIDEN NAME<br><b>LENN SHER</b>   |                                    |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)         |                                  | 16. SOCIAL SECURITY NO.  |                                    |
| 17. INFORMANT<br><b>SOL NAIMAN 2811 Ridgewood Ave</b>  |                                  | ADDRESS  |                                    |

|   |                              |  |
|---|------------------------------|--|
| 18. <b>260X</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Angina pectoris Coronary occlusion</b> | CAUSE OF DEATH<br>(A) DUE TO | INTERVAL BETWEEN ONSET AND DEATH<br><b>5 hours</b> |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><b>Diabetes - arterio-sclerosis</b>   | (B) DUE TO                   | <b>8 years.</b>                                    |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   | (C)                          |  |

|  |   |  |
|--|---|--|
| 19A. DATE OF OPERATION<br><b>0</b>           | 19B. MAJOR FINDINGS OF OPERATION  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)   | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)                 | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) |
| 21D. TIME (Month) (Day) (Year) (Hour) INJURY | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21F. HOW DID INJURY OCCUR?   |

22. I hereby certify that I attended the deceased from **12-26**, 1950, to **2-1-**, 1951, that I last saw the deceased alive on **1/29**, 1951, and that death occurred at **7:45 A.m.**, from the causes and on the date stated above.

23A. SIGNATURE **Harriet M. McBarty** M. D. 23B. ADDRESS **37 W. Preston St** 23C. DATE SIGNED **2/1/51**

|  |                            |   |  |
|--|----------------------------|---|--|
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> | 24B. DATE<br><b>2-2-51</b> | 24C. NAME OF CEMETERY OR CREMATORY<br><b>Mt Carmel</b>      | 24D. LOCATION (City, town, or county) (State)<br><b>Balto Md</b> |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>FEB 1-1951</b>      |                            | 25. FUNERAL DIRECTOR<br><b>Jack Lewis Inc 2100 Eutan H.</b> |  |

19510000

61

MEDICAL CERTIFICATION

UNITED STATES DEPARTMENT OF AGRICULTURE

OFFICE OF THE ASSISTANT SECRETARY

WASHINGTON, D. C.

February 1, 1911

Dear Sir:

I have the honor to acknowledge the receipt of your letter of the 28th inst.

and in reply to inform you that the same has been forwarded to the

proper authorities for their consideration.

I am, Sir, very respectfully,

Yours very truly,

W. L. RORER

Assistant Secretary

U. S. Department of Agriculture

Washington, D. C.

Enclosed for you are two copies of a report

of the progress of the work of the

Department during the year 1910.

I am, Sir, very respectfully,

Yours very truly,

W. L. RORER

Assistant Secretary

U. S. Department of Agriculture

Washington, D. C.



460  
0974

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 0974

|  |                                  |   |   |
|--|----------------------------------|---|---|
| 1. NAME OF DECEASED<br>(Type or Print)<br><b>Harry G. Taylor</b>   |                                  | 2. DATE OF DEATH<br><b>January 30, 1951</b>   |   |
| 3. PLACE OF DEATH:<br>a. <b>Baltimore City, Maryland</b>   |                                  | 4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)<br>a. STATE <b>Maryland</b><br>b. COUNTY <b>15-38</b> |   |
| b. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>3502 Powhatan Ave.</b>   |                                  | c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore</b>  |   |
| c. Length of stay in Baltimore<br><b>60</b> Yrs. Mos. Days   |                                  | d. STREET ADDRESS (If rural, give location)<br><b>3502 Powhatan Ave.</b>  |   |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b>   | 8. DATE OF BIRTH<br><b>Apr. 5<sup>th</sup> 1867</b> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Retired-Postal Supervisor--U.S. Government</b> |                                  | 9. AGE (in years, last birthday)<br><b>83</b>   |   |
| 10b. KIND OF BUSINESS OR INDUSTRY  |                                  | 11. BIRTHPLACE (State or foreign country)<br><b>Portsmouth, Va.</b>   |   |
| 13. FATHER'S NAME<br><b>William E. Taylor</b>  |                                  | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)<br><b>No</b>                            |                                  | 14. MOTHER'S MAIDEN NAME<br><b>Fannie E. Carter</b>   |   |
| 16. SOCIAL SECURITY NO.<br><b>No</b>   |                                  | 17. INFORMANT ADDRESS<br><b>Mrs. Harry G. Taylor, 3502 Powhatan Ave.</b>  |   |

|  |  |  |
|--|--|--|
| 1B. <b>442 X</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Arterio-Sclerotic Cardiac-Vascular Renal Disease</b> |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>?</b> |
| DUE TO (A) <b>Arterio-Sclerotic Cardiac-Vascular Renal Disease</b>   |  |  |
| DUE TO (B) _____   |  |  |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  |  |  |

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 19A. DATE OF OPERATION<br><b>0</b>  |  | 19B. MAJOR FINDINGS OF OPERATION  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)  |  | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)                 |  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)            |  |
| 21D. TIME (Month) (Day) (Year) (Hour) INJURY  |  | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21F. HOW DID INJURY OCCUR?  |  |
| 22. I hereby certify that I attended the deceased from <b>1/15</b> , 19 <b>51</b> , to <b>1/30</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>19</b> , and that death occurred at <b>8:15A</b> m., from the causes and on the date stated above. |  |   |  |   |  |
| 23A. SIGNATURE<br><b>James S. Blum</b>  |  | 23B. ADDRESS<br><b>3513 Powhatan Ave.</b>   |  | 23C. DATE SIGNED  |  |

|  |  |  |  |   |  |  |  |
|--|--|--|--|---|--|--|--|
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> |  | 24B. DATE<br><b>Feb. 2, 1951</b>                     |  | 24C. NAME OF CEMETERY OR CREMATORY<br><b>Loudon Park Cemetery</b> |  | 24D. LOCATION (City, town, or county) (State)<br><b>Baltimore, Md.</b> |  |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>FEB 1 - 1951</b>    |  | REGISTRAR'S SIGNATURE<br><b>W. H. Williams, M.D.</b> |  | GENERAL DIRECTOR<br><b>Thos. L. Mooreau</b>                       |  | ADDRESS<br><b>4510 Liberty Heights Ave.</b>                            |  |





CERTIFICATE OF DEATH

Registered No. 51 0975

1. PLACE OF DEATH:

(a) Baltimore City, Maryland Roland Avenue  
 (b) Street address 4301 University Pkwy  
 (c) Hospital or institution: Kirkleigh Villa  
 (d) Length of stay in hospital or inst. (yrs., mos., or days)  
 (e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Washington  
 (c) City or town Nagerstown Md  
 (If outside city or town limits, write RURAL and give town)  
 (d) Street No. 108 105 N. Potomac St.  
 (e) Citizen of foreign country? (Yes or No)  
 If yes, name country

3 (a) FULL NAME

Miss Alberta Mobley  
 3 (b) If veteran, name war No 3 (c) Social Security Account No. No

4. Sex Female 5. Color or race White 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife None 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 74 Months Days If less than one day hr. min.

9. Birthplace Nagerstown Md  
 (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business Bank Clerk

12. Name Edw. Carver Mobley

13. Birthplace

14. Maiden Name Annie V. McCordell

15. Birthplace

16 (a) Informant Mrs. Cecilia M. Mobley

(b) Address Baltimore Md

17 (a) Burial (b) Date thereof 3/6/51  
 (Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Rose Hill  
 Location Nagerstown Md

18 (a) Funeral director F. K. Coffman

(b) Address Nagerstown Md

19 FEB 1 - 1951 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/31/1951 at 8:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1950 to 1/31/1951, and that I last saw her alive on 1/31/1951.

Immediate cause of death Uremia

Due to Carcinoma of Stomach  
 Due to

Other Conditions Uremia  
Chronic Infection

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Leah F. O'Donnell

Address 7501 Jack Rd Date signed 1/31/51

M. D.

VS 150

39071

46 B

correct age is especially important. Please write the causes of death clearly and legibly.

# INSTRUCTIONS FOR MEDICAL CERTIFICATION

---

## WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

## DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

## DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words *due to* and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE

cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

## DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

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For additional discussion of this subject see **PHYSICIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION** issued by the U. S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.

F-600

51

0976

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51

0976

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

JOHN - THEODORE - FAIR

2. DATE  
OF  
DEATH

Jan 31 - 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

510 Chateau Ave

C. CITY OR TOWN

(If outside corporate limits, write RURAL, and give township)

Baltimore - Md 27-10

C. LENGTH OF STAY IN BALTIMORE

20 Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

510 Chateau Ave

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec 10 - 1872

9. AGE (In years

last birthday)

78

H Under 1 Year

Months: Days

H Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR INDUSTRY

Musician

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Samuel Fair

14. MOTHER'S MAIDEN NAME

Diana V Wisner

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

✓

17. INFORMANT

ADDRESS

McDonald Fair - 510 Chateau Ave

18. 331X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral haemorrhage

4 days

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

Fracture left hip

2 1/2 yrs

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Fracture left hip

CERTIFICATION APPROVED BY

Stanley D. Dula

2 1/2 years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

MEDICAL EXAMINER

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK

NOT WHILE AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from

1940 to 1-31, 1951

deceased alive on 1-31-1951, and that death occurred at 7:40 P.m., from the causes and on the date stated above.

23A. SIGNATURE

G. L. Ewald

M. D.

23B. ADDRESS

36 York Court

23C. DATE SIGNED

2-1-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb 3 - 1951

24C. NAME OF CEMETERY OR CREMATORY

Beechleyville

24D. LOCATION (City, town, or county)

Balto Co Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

FEB 1 - 1951

REGISTRAR'S SIGNATURE

L. H. Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

Edco C. Tipton, Hampstead Md

VS 150

1951 0000075

83a

MEDICAL CERTIFICATION

See Document File 51-0976  
2/6/1951 ES



G-360 51 0977

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 0977

BIRTH NO. 50-24577

|  |  |  |  |
|--|--|--|--|
| 1. NAME OF DECEASED<br>(Type or Print) <b>STANLEY AVON GAITHER</b>   |  | 2. DATE OF DEATH <b>January 29, 1951</b>   |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland  |  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>Maryland</b><br>B. COUNTY |  |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)<br><b>1349 Gilmore Street</b> |  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore</b>                               |  |
| D. STREET ADDRESS (If rural, give location)<br><b>1349 Gilmore Street</b>  |  | E. CITY OR TOWN (If outside corporate limits, write RURAL and give township)   |  |
| 5. SEX<br><b>Male</b>  |  | 6. COLOR OR RACE<br><b>Colored</b>   |  |
| 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  |  | 8. DATE OF BIRTH<br><b>11/15/50</b>  |  |
| 9. AGE (In years last birthday)<br><b>2</b>  |  | 10. AGE (In years last birthday)<br><b>2</b>   |  |
| 11. BIRTHPLACE (State or foreign country)<br><b>Balto. Md</b>  |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>   |  |
| 13. FATHER'S NAME<br><b>Malvin Gaither</b>   |  | 14. MOTHER'S MAIDEN NAME<br><b>Mary Snowden</b>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)<br><b>No</b>                                      |  | 16. SOCIAL SECURITY NO.<br><b>1349 N. Gilmore</b>  |  |
| 17. INFORMANT<br><b>Mary Snowden</b>   |  | ADDRESS<br><b>1349 N. Gilmore</b>  |  |

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

18. **491X**  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **Bronchial pneumonia**

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.19A. DATE OF OPERATION **1/1/51** 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Partial Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.23A. SIGNATURE  
**William V. ...**23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐23C. DATE SIGNED  
**Jan. 30, 1951**

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE  
**Feb 1, 1950**24C. NAME OF CEMETERY OR CREMATORY  
**St. Luke's Methodist Church**24D. LOCATION (City, town, or county) (State)  
**Riesterstown Maryland**

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE  
**William V. ...**

25. FUNERAL DIRECTOR

ADDRESS  
**108 Washington St**

FEB 15 1951

1951 02 09 707

Annapolis, Md.

# UNITED STATES OF AMERICA DEPARTMENT OF JUSTICE FEDERAL BUREAU OF INVESTIGATION

FILE NO.  
DATE

*[Faint, mostly illegible text in the upper section of the form, possibly containing a narrative or initial report.]*

## CHARACTER OF DEATH

|    |     |     |
|----|-----|-----|
| 1  | 100 | 100 |
| 2  | 100 | 100 |
| 3  | 100 | 100 |
| 4  | 100 | 100 |
| 5  | 100 | 100 |
| 6  | 100 | 100 |
| 7  | 100 | 100 |
| 8  | 100 | 100 |
| 9  | 100 | 100 |
| 10 | 100 | 100 |

*[Faint text at the bottom of the table area, possibly a signature or official statement.]*

## REMARKS

*[Faint, mostly illegible text in the lower section of the form, possibly containing additional remarks or a conclusion.]*



560  
51 0978

CERTIFICATE CORRECTED 2-6-51

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 0978

Registered No.

BIRTH NO.

|  |                           |  |   |   |   |
|--|---------------------------|--|---|---|---|
| 1. NAME OF DECEASED<br>(Type or Print) <b>BLANCH DORA KEENER</b>   |                           |  | 2. DATE OF DEATH <b>2-1-51</b>  |   |   |
| 3. PLACE OF DEATH:<br>a. Baltimore City, Maryland  |                           |  | 4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)<br>a. STATE <b>W. VA.</b> b. COUNTY <b>HARRISON</b> |   |   |
| b. FULL NAME OF HOSPITAL OR INSTITUTION <b>UNIV. HOSP.</b>   |                           |  | c. CITY OR TOWN <b>V-45</b>   |   |   |
| Length of stay in Baltimore <b>4</b> Yrs. Mos. Days  |                           |  | d. STREET ADDRESS (If rural, give location) <b>LUMBER PORT</b>  |   |   |
| 5. SEX <b>F</b>  | 6. COLOR OR RACE <b>W</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b> | 8. DATE OF BIRTH <b>Dec. 20, 1911</b>   | 9. AGE (In years last birthday) <b>39</b> | If Under 1 Year Months: Days: If Under 24 Hours Hours: Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)              |                           | 10b. KIND OF BUSINESS OR INDUSTRY <b>H. W.</b>                 | 11. BIRTHPLACE (State or foreign country) <b>WEST VIRGINIA</b>  |   | 12. CITIZEN OF WHAT COUNTRY?                                |
| 13. FATHER'S NAME <b>DAVID MILLER</b>  |                           |  | 14. MOTHER'S MAIDEN NAME <b>Virginia Swiger</b><br><b>MARY SWIGER</b>   |   |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) |                           | 16. SOCIAL SECURITY NO.  | 17. INFORMANT <b>HOSP RECORDS</b> ADDRESS   |   |   |

|  |  |                                     |  |                                  |
|--|--|-------------------------------------|--|----------------------------------|
| 18. <b>170X</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) |  | CAUSE OF DEATH                      |  | INTERVAL BETWEEN ONSET AND DEATH |
| (A) <b>CARCINOMA OF BREAST SURVIVAL</b>  |  | DUE TO <b>C CEREBRAL METASTASES</b> |  |                                  |
| ANTECEDENT CAUSES  |  | (B)                                 |  |                                  |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  |  | DUE TO                              |  |                                  |
| (C)  |  |                                     |  |                                  |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  |  |                                     |  |                                  |

|  |  |  |
|--|--|--|
| 19a. DATE OF OPERATION <b>1-24-51</b>  | 19b. MAJOR FINDINGS OF OPERATION <b>EFFECTIVE DECOMPRESSION IMPOSSIBLE</b>                             | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/> | 21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)              | 21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)         |
| 21d. TIME (Month) (Day) (Year) (Hour) OF INJURY                                      | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR?   |

22. I hereby certify that I attended the deceased from **1-24**, 19**51**, to **2-1**, 19**51**, that I last saw the deceased alive on **2-1**, 19**51**, and that death occurred at **7:45 a.m.**, from the causes and on the date stated above.

|  |                                |  |
|--|--------------------------------|--|
| 23a. SIGNATURE <b>Joh. W. Stone</b> M. D.                | 23b. ADDRESS <b>Union Hosp</b> | 23c. DATE SIGNED <b>2-1-51</b>   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b> | 24b. DATE <b>2/1/51</b>        | 24c. NAME OF CEMETERY OR CREMATORY <b>Shinnston</b>                          |
|  |                                | 24d. LOCATION (City, town, or county) (State) <b>Shinnston West Virginia</b> |

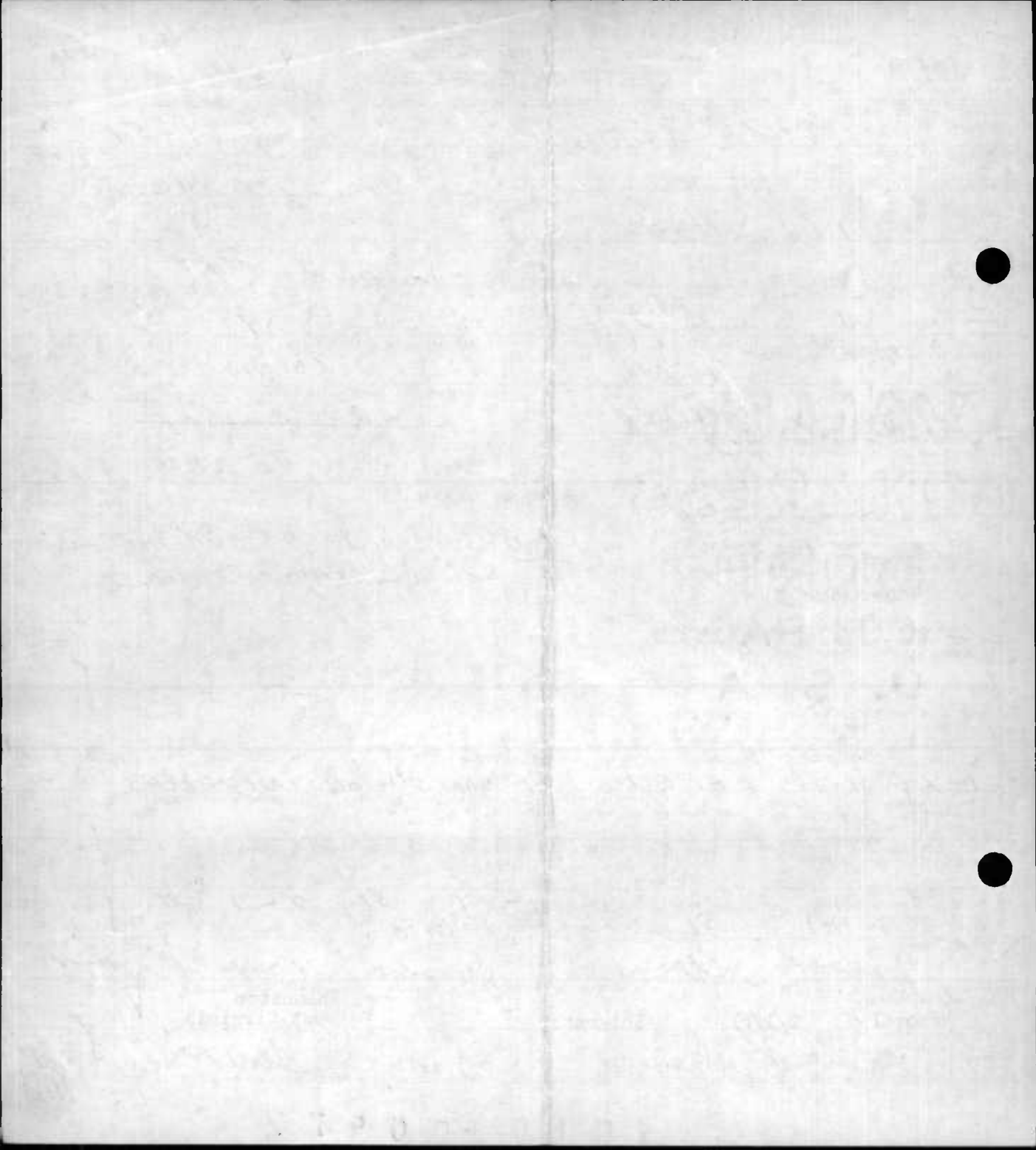
|  |  |  |
|--|--|--|
| DATE RECEIVED BY LOCAL REGISTRAR <b>FEB 1 - 1951</b> | REGISTRAR'S SIGNATURE <b>Wm. J. Lickner &amp; Sons</b> | 25. FUNERAL DIRECTOR ADDRESS <b>Balt Md.</b> |
|--|--|--|

VS 150

50

19510000977

MEDICAL CERTIFICATION



420  
51 0979

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0979

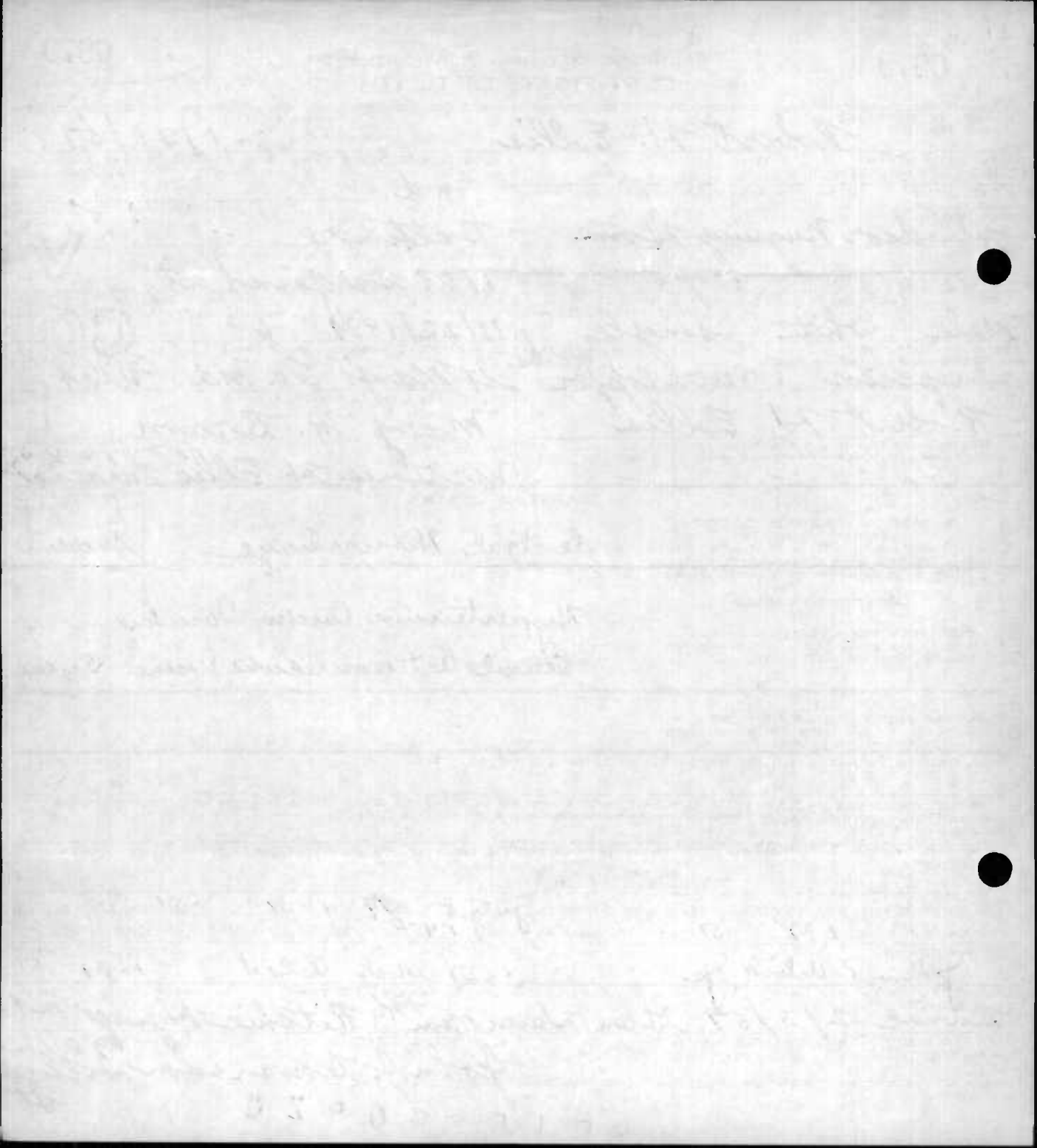
Registered No. \_\_\_\_\_

|   |                                  |  |                                       |  |  |
|---|----------------------------------|--|---------------------------------------|--|--|
| BIRTH NO. _____   |                                  | 1. NAME OF DECEASED<br>(Type or Print) <i>Robert H. Ellis</i>  |                                       | 2. DATE OF DEATH <i>1/31/51</i>  |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland   |                                  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <i>Md.</i><br>B. COUNTY <i>Baltimore</i> |                                       |  |  |
| B. FULL NAME OF HOSPITAL OR INSTITUTION<br><i>Windsor Nursing Home</i>  |                                  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><i>Baltimore</i>   |                                       |  |  |
| C. Length of stay in Baltimore <i>40 yrs</i>  |                                  | D. STREET ADDRESS (If rural, give location)<br><i>1108 Sargeant St.</i>  |                                       |  |  |
| 5. SEX<br><i>Male</i>   | 6. COLOR OR RACE<br><i>white</i> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><i>single</i>   | 8. DATE OF BIRTH<br><i>11/22/1881</i> | 9. AGE (in years last birthday)<br><i>69</i>   | If Under 1 Year Months: Days Hours: Min. |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><i>Inspector</i>   |                                  | 10B. KIND OF BUSINESS OR INDUSTRY<br><i>Revere Copper</i>  |                                       | 11. BIRTHPLACE (State or foreign country)<br><i>St Mary's Co. Md.</i>                  |  |
| 12. CITIZEN OF WHAT COUNTRY?<br><i>USA</i>  |                                  | 13. FATHER'S NAME<br><i>Robert H. Ellis</i>  |                                       |  |  |
| 14. MOTHER'S MAIDEN NAME<br><i>Mary M. Brown</i>  |                                  | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)<br><i>-</i>  |                                       |  |  |
| 16. SOCIAL SECURITY NO.<br><i>-</i>   |                                  | 17. INFORMANT'S ADDRESS<br><i>Mr Louis H. Ellis Sargeant</i>   |                                       |  |  |
| 18. CAUSE OF DEATH<br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br>(A) <i>Cerebral Hemorrhage</i><br>DUE TO<br>ANTECEDENT CAUSES<br>(B) <i>Hypertensive Cardiac Vascular</i><br>DUE TO<br>(C) <i>Cerebral Arteriosclerotic Disease 5 years.</i><br>II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. |                                  |  |                                       |  |  |
| 19A. DATE OF OPERATION<br><i>0</i>  |                                  | 19B. MAJOR FINDINGS OF OPERATION   |                                       | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>               |  |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH<br><input type="checkbox"/>   |                                  | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   |                                       | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)               |  |
| 21D. TIME (Month) (Day) (Year) (Hour) INJURY  |                                  | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                                  |                                       | 21F. HOW DID INJURY OCCUR?   |  |
| 22. I hereby certify that I attended the deceased from <i>July 8, 1950</i> to <i>1-31</i> , 1951, that I last saw the deceased alive on <i>1-27</i> , 1951, and that death occurred at <i>1:45 P.m.</i> , from the causes and on the date stated above.   |                                  |  |                                       |  |  |
| 23A. SIGNATURE<br><i>John P. Urlock, Jr.</i>  |                                  | 23B. ADDRESS<br><i>1227 Wash. Bl'vd</i>  |                                       | 23C. DATE SIGNED<br><i>1-31 51</i>   |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><i>Burial</i>  |                                  | 24B. DATE<br><i>2/3/51</i>   |                                       | 24C. NAME OF CEMETERY OR CREMATORY<br><i>St. Anne Haven Mem. Pt. Ritchie Hgway Md.</i> |  |
| 24D. LOCATION (City, town, or county) (State)<br><i>Baltimore Md.</i>   |                                  | 25. FUNERAL DIRECTOR<br><i>John J. Cowan &amp; Son</i>   |                                       | 25. ADDRESS<br><i>1312 St.</i>   |  |

MEDICAL CERTIFICATION

DATE RECEIVED BY LOCAL REGISTRAR  
FEB 1 - 1951

6903E  
19510000978  
1312 St.



500  
51-0980  
ND-144604

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0980  
Registered No.

|   |                                  |  |  |
|---|----------------------------------|--|--|
| 1. NAME OF DECEASED<br>(Type or Print)<br><b>Harold Mauney</b>  |                                  | 2. DATE OF DEATH<br><b>Jan. 31, 1951</b>   |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland <b>Balto. City</b>  |                                  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>Maryland</b><br>B. COUNTY |  |
| 5. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>Baltimore City Hospitals</b><br><b>4940 Eastern Avenue</b>      |                                  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore</b>                               |  |
| 6. Length of stay in Baltimore<br><b>3 Years</b>  |                                  | D. STREET ADDRESS (If rural, give location)<br><b>1111 McBelderry St. (2)</b>  |  |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>Negro</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b>  | 8. DATE OF BIRTH<br><b>Aug. 28, 1927</b> |
| 9. AGE (in years last birthday)<br><b>23</b>  |                                  | 10. Under 1 Year Months: Days: Hours: Min.   |  |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Laborer</b> |                                  | 10B. KIND OF BUSINESS OR INDUSTRY<br><b>American Standard Radiator &amp; Sanitary Corporation (m)</b>                          |  |
| 11. BIRTHPLACE (State or foreign country)<br><b>North Carolina</b>  |                                  | 12. CITIZEN OF U.S. WHAT COUNTRY?  |  |
| 13. FATHER'S NAME<br><b>Ira Mauney</b>  |                                  | 14. MOTHER'S MAIDEN NAME<br><b>Louella Hoyle</b>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)       |                                  | 16. SOCIAL SECURITY NO.  |  |
| 17. INFORMANT<br><b>Baltimore City Hospitals</b><br><b>Records: 4940 Eastern Avenue</b>                       |                                  | ADDRESS  |  |

|   |  |
|---|--|
| 18. CAUSE OF DEATH<br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)<br><b>Anaplastic Carcinoma of Liver</b><br><b>Primary site undetermined</b><br>DUE TO (A) .....<br>DUE TO (B) .....<br>DUE TO (C) .....<br>INTERVAL BETWEEN ONSET AND DEATH<br><b>1 Yr.</b><br><b>undetermined</b> |  |
| 19. ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br>DUE TO (B) .....<br>DUE TO (C) .....  |  |
| 20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   |  |

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| 19A. DATE OF OPERATION<br><b>0</b>   |  | 19B. MAJOR FINDINGS OF OPERATION  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>  |  | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                  |  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)            |  |
| 21D. TIME (Month) (Day) (Year) (Hour) INJURY   |  | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21F. HOW DID INJURY OCCUR?  |  |
| 22. I hereby certify that I attended the deceased from <b>12-31</b> , 1950, to <b>1-31</b> , 1951, that I last saw the deceased alive on <b>1-31</b> , 1951, and that death occurred at <b>9:15 a.m.</b> , from the causes and on the date stated above. |  |   |  |   |  |
| 23A. SIGNATURE<br><b>R. P. Croger</b><br>M. D.   |  | 23B. ADDRESS<br><b>4940 Eastern Avenue</b>  |  | 23C. DATE SIGNED<br><b>1-31-51</b>  |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |  | 24B. DATE<br><b>2/4/1951</b>  |  | 24C. NAME OF CEMETERY OR CREMATORY<br><b>Shelby</b>                                 |  |
| 24D. LOCATION (City, town, or county) (State)<br><b>Shelby N.C.</b>  |  | 25. FUNERAL DIRECTOR<br><b>Eloyo. Wilson</b>  |  | ADDRESS<br><b>1100 Buntly</b>   |  |

See Document File 51-0980  
2/6/1951 ES



326  
51 0981

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 0981

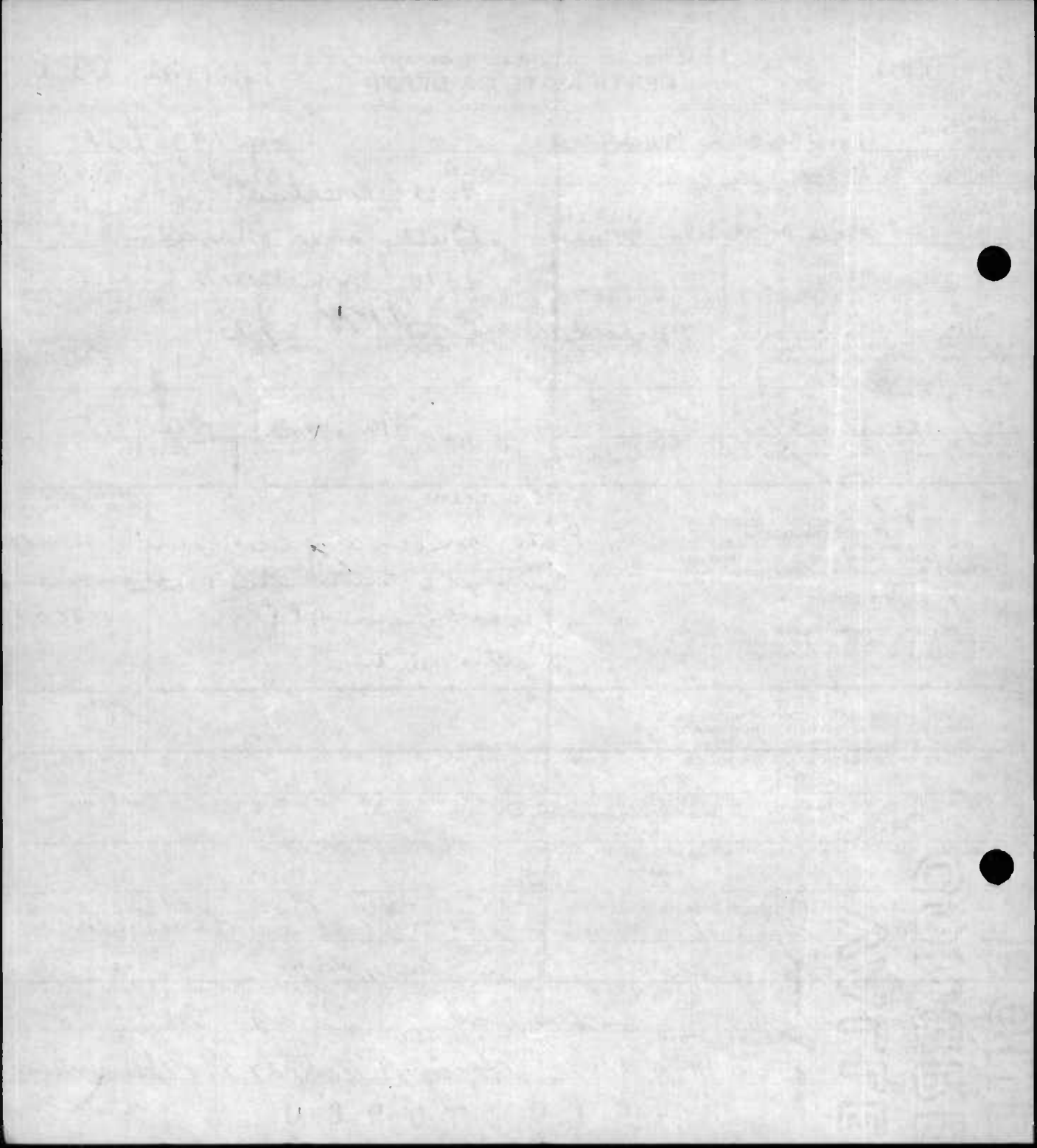
|   |                               |   |   |  |   |
|---|-------------------------------|---|---|--|---|
| BIRTH NO.   |                               | 1. NAME OF DECEASED<br>(Type or Print) <i>Mr. Joseph Rodgers.</i>   |   | 2. DATE OF DEATH<br><i>1/30/51</i>           |   |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland   |                               | 4. USUAL RESIDENCE (Where deceased lived. If institution, give address before admission)<br>A. STATE <i>Connecticut</i> B. COUNTY <i>Avg.</i> |   |  |   |
| B. FULL NAME OF HOSPITAL OR INSTITUTION<br><i>St Agnes Hospital Wilkens + Caton</i>                           |                               | C. CITY OR TOWN (If outside corporate limits, write rural and give township)<br><i>Baltimore Maryland</i>                                     |   |  |   |
| C. Length of stay in Baltimore<br>Yrs. Mos. Days  |                               | D. STREET ADDRESS (If rural, give location)<br><i>4214 Connecticut Ave.</i>   |   |  |   |
| 5. SEX<br><i>M.</i>   | 6. COLOR OR RACE<br><i>W.</i> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><i>Married</i>   | 8. DATE OF BIRTH<br><i>Sept 24 1878</i> | 9. AGE (In years last birthday)<br><i>72</i> | 10. Under 1 Year Months: Days Hours: Min. |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><i>Retired</i> |                               | 10B. KIND OF BUSINESS OR INDUSTRY   |   | 11. BIRTH PLACE (State or foreign country)   |   |
| 13. FATHER'S NAME<br><i>Alexander</i>   |                               | 14. MOTHER'S MAIDEN NAME<br><i>Margaret Haughey</i>   |   | 12. CITIZEN OF WHAT COUNTRY?                 |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)      |                               | 16. SOCIAL SECURITY NO.   |   | 17. INFORMANT ADDRESS                        |   |

|   |   |  |
|---|---|--|
| 18. <i>260 X</i><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)<br>ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. | CAUSE OF DEATH<br>(A) <i>Posterior Coronary Occlusion</i><br>DUE TO <i>Generalized arteriosclerosis, bilateral</i><br>(B) <i>Pleural effusion; C.P.C.</i><br>DUE TO <i>Diabetes mellitus</i><br>(C) _____ | INTERVAL BETWEEN ONSET AND DEATH<br><i>1-24-51</i><br><i>1-30-51</i> |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   |   |  |

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| 19A. DATE OF OPERATION <i>0</i>   |  | 19B. MAJOR FINDINGS OF OPERATION  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |  |
| 21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH   |  | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)                 |  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) |  |
| 21D. TIME (Month) (Day) (Year) (Hour) INJURY  |  | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21F. HOW DID INJURY OCCUR?   |  |
| 22. I hereby certify that I attended the deceased from <i>1-24</i> 1951, to <i>1-30</i> 1951, that I last saw the deceased alive on <i>1-30</i> 1951, and that death occurred at <i>4:20 P.m.</i> , from the causes and on the date stated above. |  |   |  |  |  |
| 23A. SIGNATURE<br><i>J. Monahan</i>   |  | 23B. ADDRESS<br><i>St Agnes Hosp.</i>   |  | 23C. DATE SIGNED<br><i>1-31-51</i>                                       |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)   |  | 24B. DATE<br><i>2/2/51</i>  |  | 24C. NAME OF CEMETERY OR CREMATORY<br><i>Louisa Park</i>                 |  |
| 24D. LOCATION (City, town, or county)<br><i>Balto Md</i>  |  | 24E. NAME OF CEMETERY OR CREMATORY<br><i>Louisa Park</i>  |  | 24F. LOCATION (City, town, or county)<br><i>Balto Md</i>                 |  |
| DATE RECEIVED BY LOCAL REGISTRAR  |  | REGISTRAR'S SIGNATURE<br><i>W. H. Williams</i>  |  | 25. FUNERAL DIRECTOR<br><i>Harvey H. Wetzler</i>                         |  |
|   |  |   |  | ADDRESS<br><i>4101 Edmonson</i>  |  |

FEB 1 - 1951  
VS. 150  
(S.R. Sosnowski) 9510000980 61 and





514

51 0982 8-81277

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 0982

|  |                                  |   |   |
|--|----------------------------------|---|---|
| 1. NAME OF DECEASED<br>(Type or Print) <i>David Campbell</i>   |                                  | 2. DATE OF DEATH <i>Jan. 31, 1951</i>   |   |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland <i>HLH 3 E.</i>  |                                  | 4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)<br>STATE <i>Md.</i> COUNTY <i>Balto</i> |   |
| B. FULL NAME OF HOSPITAL OR INSTITUTION<br><i>JOHNS HOPKINS HOSPITAL</i>                                 |                                  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><i>Baltimore</i>                              |   |
| D. Length of stay in Baltimore   |                                  | E. STREET ADDRESS (If rural, give location)<br><i>1224 Reisterstown Rd.</i>   |   |
| 5. SEX<br><i>Male</i>  | 6. COLOR OR RACE<br><i>White</i> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><i>Single</i>  | 8. DATE OF BIRTH<br><i>6-12-'47</i>         |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)              |                                  | 10B. KIND OF BUSINESS OR INDUSTRY   | 9. AGE (In years last birthday)<br><i>3</i> |
| 11. BIRTHPLACE (State or foreign country)<br><i>Maryland</i>   |                                  | 12. CITIZEN OF WHAT COUNTRY?<br><i>U.S.A.</i>   |   |
| 13. FATHER'S NAME<br><i>John P. Campbell</i>   |                                  | 14. MOTHER'S MAIDEN NAME<br><i>Lydia Rhoades</i>  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) |                                  | 16. SOCIAL SECURITY NO.   |   |
| 17. INFORMANT<br><i>JOHNS HOPKINS HOSPITAL</i>   |                                  | ADDRESS   |   |

18. *304.4*  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

## CAUSE OF DEATH

(A) *Leukemia*  
DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)   
DUE TO  
(C)   

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION *2/1* 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐22. I hereby certify that I attended the deceased from *1-17-*, 19*51*, to *1-31-*, 19*51*, that I last saw the deceased alive on *1-31-*, 19*51*, and that death occurred at *10:30* m., from the causes and on the date stated above.23A. SIGNATURE *Sheldon Preston*

M. O.

23B. ADDRESS *JOHNS HOPKINS HOSPITAL*23C. DATE SIGNED *1/31/51*

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE *2/3/1951*24C. NAME OF CEMETERY OR CREMATORY *New Bethesda*24D. LOCATION (City, town, or county) (State) *Baltimore Md*

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE *Frank H. Newell*

25. FUNERAL DIRECTOR

ADDRESS

*Frank H. Newell, Pikesville, Md.*

EB 1-1951

VS 150

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74a

MEDICAL CERTIFICATION

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HYPER-TEXT (342)

500  
51 0983

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0983  
Registered No. \_\_\_\_\_

|   |                                  |   |  |
|---|----------------------------------|---|--|
| 1. NAME OF DECEASED<br>(Type or Print) <b>F WILLIAM SEIM</b>  |                                  | 2. DATE OF DEATH <b>JAN 31-1951</b>   |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland <b>3048 GUILFORD AVE</b>  |                                  | USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)<br>B. COUNTY <b>BALTIMORE MD</b> |  |
| B. FULL NAME OF HOSPITAL OR INSTITUTION<br>—  |                                  | C. CITY OR TOWN (If outside corporate limits, state RURAL and give township)<br><b>" 12-02</b>                      |  |
| C. Length of stay in Baltimore <b>LIFETIME</b>  |                                  | D. STREET ADDRESS (If rural, give location)<br><b>3048 GUILFORD AVE</b>   |  |
| 5. SEX<br><b>MALE</b>   | 6. COLOR OR RACE<br><b>WHITE</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>SINGLE</b>  | 8. DATE OF BIRTH<br><b>SEPT 25-1875</b>      |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>ELECTRICIAN</b> |                                  | 10B. KIND OF BUSINESS OR EMPLOYMENT<br><b>TREASURY DEPT GOVERNMENT</b>  | 9. AGE (In years last birthday)<br><b>75</b> |
| 13. FATHER'S NAME<br><b>JOHN C SEIM</b>   |                                  | 12. CITIZEN OF WHAT COUNTRY?<br><b>US</b>   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)<br>—  |                                  | 14. MOTHER'S MAIDEN NAME<br><b>CHRISTINE YEAGER</b>   |  |
| 16. SOCIAL SECURITY NO.   |                                  | 17. INFORMANT ADDRESS<br><b>CARIE SEIM 3048 GUILFORD AVE</b>  |  |

|  |                |  |
|--|----------------|--|
| 18. <b>331X I</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Cerebral Hemorrhage</b><br>DUE TO<br><b>Arterio sclerosis</b> | CAUSE OF DEATH | INTERVAL BETWEEN ONSET AND DEATH<br><b>6 hours</b><br><b>20 yrs.</b> |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  |                |  |

|  |   |   |
|--|---|---|
| 19A. DATE OF OPERATION                       | 19B. MAJOR FINDINGS OF OPERATION  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)   | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)                 | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)            |
| 21D. TIME (Month) (Day) (Year) (Hour) INJURY | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21F. HOW DID INJURY OCCUR?  |

22. I hereby certify that I attended the deceased from June 1, 1950 to Jan 31, 1951, that I last saw the deceased alive on Jan 31, 1951, and that death occurred at 4:30 p.m. from the causes and on the date stated above.

|  |                                      |                                   |
|--|--------------------------------------|-----------------------------------|
| 23A. SIGNATURE<br><b>Arthur J. Davis</b> | 23B. ADDRESS<br><b>800 W 33rd St</b> | 23C. DATE SIGNED<br><b>2-1-51</b> |
|--|--------------------------------------|-----------------------------------|

|  |                              |  |   |
|--|------------------------------|--|---|
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>BURIAL</b> | 24B. DATE<br><b>FEB-3-51</b> | 24C. NAME OF CEMETERY OR CREMATORY<br><b>ST PAULS CEMETERY</b> | 24D. LOCATION (City, town, or county) (State)<br><b>VIOLETTVILLE MD</b> |
|--|------------------------------|--|---|

|   |   |   |
|---|---|---|
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>FEB 8-1951</b> | REGISTRAR'S SIGNATURE<br><b>Wm. H. Williams</b> | 25. FUNERAL DIRECTOR ADDRESS<br><b>Mrs Chas A G. Rohde 2327 Edmondson</b> |
|---|---|---|

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MEDICAL CERTIFICATION

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525  
51 0984FINKENBINDER  
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 0984  
Registered No.

|  |  |  |  |
|--|--|--|--|
| 1. NAME OF DECEASED<br>(Type or Print)   |  | 2. DATE OF DEATH   |  |
| James Finkenbinder   |  | 1/31/51  |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland                                  |  | 4. USUAL RESIDENCE (Where deceased lived before admission)<br>A. STATE                     |  |
| B. FULL NAME OF HOSPITAL OR INSTITUTION  |  | B. COUNTY  |  |
| St Josephs Hospital  |  | Md   |  |
| C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)       |  | D. STREET ADDRESS (If rural, give location)  |  |
| Baltimore Md 8-07  |  | 1625 E. Oliver St  |  |
| 5. SEX   |  | 6. COLOR OR RACE   |  |
| M  |  | W  |  |
| 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)                                    |  | 8. DATE OF BIRTH   |  |
| Married  |  | Sept. 29/1872  |  |
| 9. AGE (In years last birthday)  |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) |  |
| 78   |  | Cabinet Maker  |  |
| 11. BIRTHPLACE (State or foreign country)  |  | 12. CITIZEN OF WHAT COUNTRY?   |  |
| Carlisle, Pa.  |  | U.S.   |  |
| 13. FATHER'S NAME  |  | 14. MOTHER'S MAIDEN NAME   |  |
| George Finkenbinder  |  | Margaret Barnhill  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) |  | 16. SOCIAL SECURITY NO.  |  |
| No   |  | 212-01-4083  |  |
| 17. INFORMANT  |  | ADDRESS  |  |
| Sydia H. Finkenbinder  |  | 1625 E. Oliver   |  |

|  |  |                          |  |                                  |  |
|--|--|--------------------------|--|----------------------------------|--|
| 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) |  | CAUSE OF DEATH           |  | INTERVAL BETWEEN ONSET AND DEATH |  |
| (A) DUE TO   |  | Autogenous C. V. disease |  |                                  |  |
| (B) DUE TO   |  |                          |  |                                  |  |
| (C) DUE TO   |  |                          |  |                                  |  |
| 19. ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.   |  |                          |  |                                  |  |
| 20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  |  |                          |  |                                  |  |

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 19A. DATE OF OPERATION  |  | 19B. MAJOR FINDINGS OF OPERATION   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.  |  | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)               |  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)            |  |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY   |  | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21F. HOW DID INJURY OCCUR?  |  |
| 22. I certify that I took charge of the remains described above, held an <u>Autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> . |  |  |  |   |  |
| 23A. SIGNATURE  |  | 23B. CHIEF MEDICAL EXAMINER  |  | 23C. DATE SIGNED  |  |
| [Signature]   |  | M.D.   |  | 1/31/51   |  |

|   |  |                       |  |                                    |  |   |  |
|---|--|-----------------------|--|------------------------------------|--|---|--|
| 24A. BURIAL, CREMATION, REMOVAL (Specify) |  | 24B. DATE             |  | 24C. NAME OF CEMETERY OR CREMATORY |  | 24D. LOCATION (City, town, or county) (State) |  |
| Burial                                    |  | Feb. 5, 1951          |  | Parkwood                           |  | Baltimore                                     |  |
| DATE RECEIVED BY LOCAL REGISTRAR          |  | REGISTRAR'S SIGNATURE |  | 25. FUNERAL DIRECTOR               |  | ADDRESS                                       |  |
| FEB 1 - 1951                              |  | [Signature]           |  | Frederick H. Cole                  |  | 1913 W. [Address]                             |  |





324

0985

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0985

Registered No.

BIRTH NO. 57-02253

1. NAME OF DECEASED  
(Type or Print)

Ann Harris Ridgley

2. DATE  
OF  
DEATH

February 1, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

Union Memorial Hospital

Yrs.  
Mos.  
Days

C. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

A. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Pennsylvania

B. COUNTY

V-35

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

West Chester

D. STREET ADDRESS (If rural, give location)

120 So. Church St.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

8. DATE OF BIRTH

January 30, 1951

9. AGE (in years last birthday)

If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.

2

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Frank Harris Ridgley

14. MOTHER'S MAIDEN NAME

Elberta Rhodes Rice

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18. 7620

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Anoxemia

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

atelectasis, lobular

DUE TO

(C)

Birth

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

22. I hereby certify that I attended the deceased from Jan 30, 1951, to Feb 1, 1951, that I last saw the deceased alive on Feb. 1, 1951, and that death occurred at 11:32 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Francis H. Watt

M. O.

23B. ADDRESS

Union Memorial Hosp.

23C. DATE SIGNED

Feb 1 1951

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb 3 1951

24C. NAME OF CEMETERY OR CREMATORY

Coffin

24D. LOCATION (City, town, or county)

Coffin Chgo. Pa.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William H. Watt

25. FUNERAL DIRECTOR

CP Rogers

ADDRESS

Coffin Chgo. Pa.

FEB 1 - 1951

VS 150

19510000984

161a

MEDICAL CERTIFICATION

IN SENATE  
January 1, 1902

VALLEY

January 22, 1902

Wm. H. Miller

TO THE

SENATE

REPORT OF THE  
COMMISSIONER OF THE LAND OFFICE  
IN RESPONSE TO A RESOLUTION PASSED BY THE SENATE  
JANUARY 1, 1902

James H. Miller

Wm. H. Miller

Printed by the State Printer  
Albany, N. Y.  
1902

542

DANIELS

51 0986

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 0986  
Registered No.

|   |                           |  |   |
|---|---------------------------|--|---|
| 1. NAME OF DECEASED<br>(Type or Print) <i>Magdaline Daniels</i>   |                           | 2. DATE OF DEATH <i>1-25-51</i>  |   |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland   |                           | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <i>Ind</i> B. COUNTY |   |
| B. FULL NAME OF HOSPITAL OR INSTITUTION<br><i>Senior Hosp</i>   |                           | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><i>Baltimore</i> <i>17-01</i>          |   |
| C. Length of stay in Baltimore <i>10 years</i>  |                           | D. STREET ADDRESS (If rural, give location)<br><i>607 George St</i>  |   |
| 5. SEX <i>F</i>   | 6. COLOR OR RACE <i>C</i> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><i>Married</i>  | 8. DATE OF BIRTH <i>Feb. 14 1917</i>      |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><i>Housewife</i>   |                           | 10B. KIND OF BUSINESS OR INDUSTRY  | 9. AGE (In years last birthday) <i>33</i> |
| 13. FATHER'S NAME<br><i>James Crosby</i>  |                           | 14. MOTHER'S MAIDEN NAME<br><i>Marie Thomas</i>  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)   |                           | 16. SOCIAL SECURITY NO.  |   |
| 17. INFORMANT   |                           | ADDRESS<br><i>Jno. Daniels - 607 George St</i>   |   |
| 18. CAUSE OF DEATH<br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)<br><i>Stroke</i><br>(A) .....<br>DUE TO<br>ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><i>Chronic Sepsis</i><br>(B) .....<br>DUE TO<br><i>Hypertension</i><br>(C) .....<br>II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.<br><i>Cellulitis of Face</i> |                           |  | INTERVAL BETWEEN ONSET AND DEATH          |
| 19A. DATE OF OPERATION <i>1-25-51</i>   |                           | 19B. MAJOR FINDINGS OF OPERATION (over)  |   |
| 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |                           |  |   |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>  |                           | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)                              |   |
| 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)  |                           | 21D. TIME (Month) (Day) (Year) (Hour)  |   |
| 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |                           | 21F. HOW DID INJURY OCCUR?   |   |
| 22. I hereby certify that I attended the deceased from <i>1-7-51</i> , 19__, to <i>1-25-51</i> , 19__, that I last saw the deceased alive on <i>1-25-51</i> , 19__, and that death occurred at <i>7 A</i> m., from the causes and on the date stated above.   |                           |  |   |
| 23A. SIGNATURE<br><i>Wilbur Bannan</i> M. D.  |                           | 23B. ADDRESS<br><i>Univ. Hosp</i>  |   |
| 23C. DATE SIGNED<br><i>1-25-51</i>  |                           |  |   |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><i>Removal</i>   |                           | 24B. DATE<br><i>2-1-51</i>   |   |
| 24C. NAME OF CEMETERY OR CREMATORY<br><i>Church Cemetery</i>  |                           | 24D. LOCATION (City, town, or county) (State)<br><i>Chester S. Carolina</i>  |   |
| DATE RECEIVED BY LOCAL REGISTRAR  |                           | REGISTRAR'S SIGNATURE<br><i>William Williams</i>   |   |
| FEB 1 1951  |                           | FUNERAL DIRECTOR<br><i>Wm. A. Jackson - 916 Penna Ave</i>  |   |

131a

Where and for what purpose  
was the Tracheotomy performed?

Was this purpose contributory  
but not <sup>related</sup> to the (underlying cause)  
— meningitis?

"Tracheotomy done as an emergency with patient in bed because of occlusion of the trachea. Patient had infection of the neck and face, germ could not be isolated

See Document File 51-0986

2/20/51 ES

613 51 0987

GRIFFITH

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 0987  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

John Griffith

2. DATE  
OF  
DEATH

February 1, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Brady 3

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Va.

B. COUNTY V-43

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

The Plains

D. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years  
last birthday)If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

CLERK

10B. KIND OF BUSINESS OR  
INDUSTRY

RAILROAD

13. FATHER'S NAME

Edward Griffith

11. BIRTHPLACE (State or foreign country)

Middleburg, Va.

12. CITIZEN OF  
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Susan Jenkins

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18. 181X I

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Carcinoma of Uterus, Bladder

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Medicinal tumor - Estrogen?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐22. I hereby certify that I attended the deceased from 12-30-1950, to 2-1-1951, that I last saw the  
deceased alive on 2-1-1951, and that death occurred at 10:45 P.M., from the causes and on the date stated above.

23A. SIGNATURE

John T. Grayhark

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

2/2/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Feb 2-51

Edmonson

Middleburg Va.

Va.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

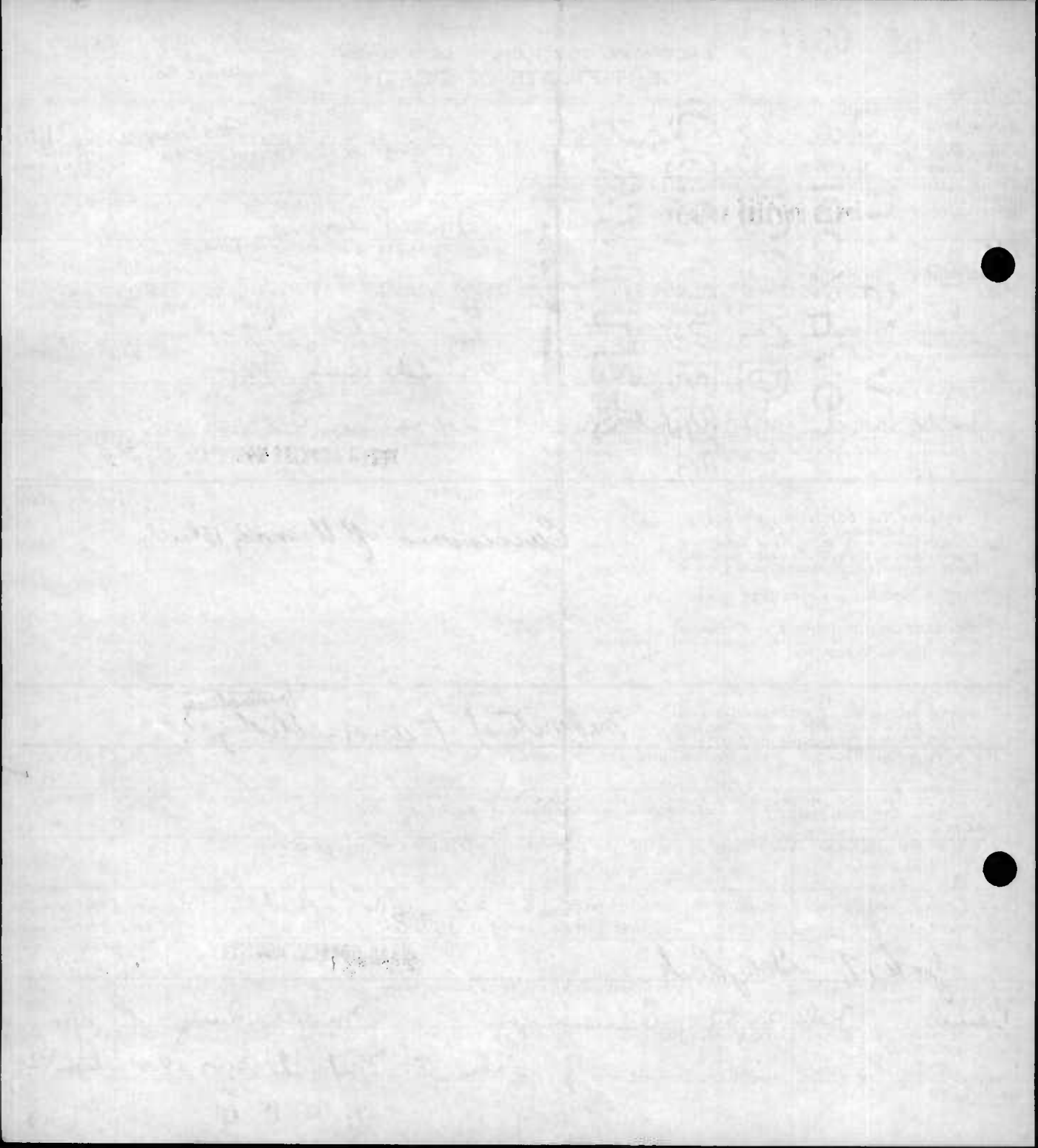
25. FUNERAL DIRECTOR

ADDRESS

FEB 2 1951

Huntington Williams

John O. Mitchell 1900 Easton Pl.





550 51 0988

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 0988

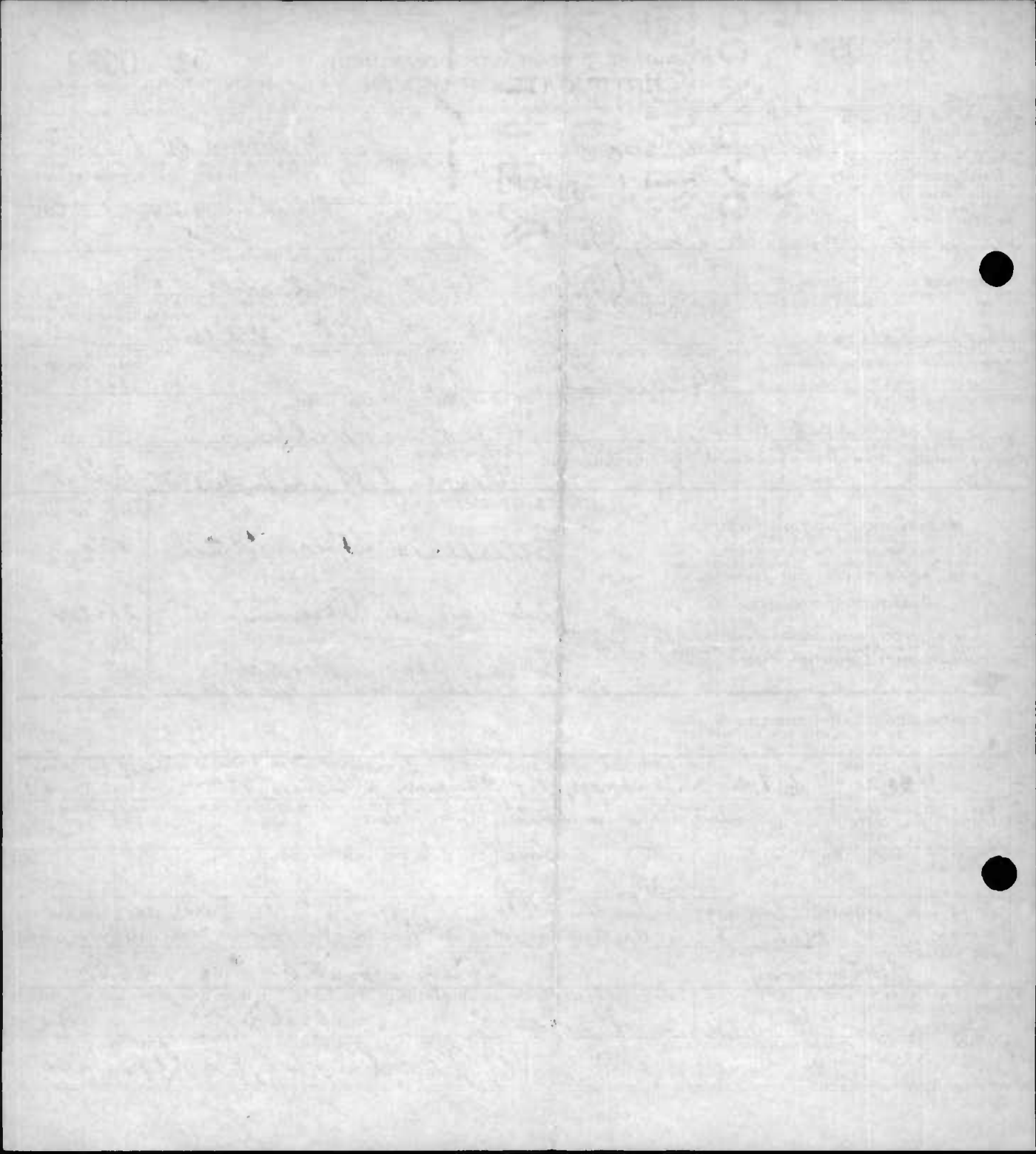
BIRTH NO.

|   |                            |   |  |   |                               |
|---|----------------------------|---|--|---|-------------------------------|
| 1. NAME OF DECEASED<br>(Type or Print) <i>Betty Luman</i>                                   |                            |   | 2. DATE OF DEATH <i>Feb. 1, 1951</i>   |   |                               |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland <i>St. Agnes Hospital</i>                 |                            |   | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>B. STATE <i>Baltimore</i> |   |                               |
| B. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Agnes Hospital Balt.</i>                     |                            |   | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balt. 23-02</i>                    |   |                               |
| C. Length of stay in Baltimore <i>Life</i>  |                            |   | D. STREET ADDRESS (If rural, give location) <i>1450 Light St</i>   |   |                               |
| 5. SEX <i>F.</i>  | 6. COLOR OR RACE <i>W.</i> | 7. SINGLE (MARRIED) WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH <i>6-22-1928</i>  | 9. AGE (In years last birthday) <i>22yo</i> | 10. Under 1 Year Months: Days |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) |                            |   | 10B. KIND OF BUSINESS OR INDUSTRY <i>Housewife</i>   |   |                               |
| 13. FATHER'S NAME <i>Philip Olor</i>  |                            |   | 12. CITIZEN OF WHAT COUNTRY? <i>U-S</i>  |   |                               |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>no</i>                  |                            |   | 16. SOCIAL SECURITY NO. <i>3738-10th</i>   |   |                               |
| 17. INFORMANT <i>Vernon J. Luman</i>  |                            |   | ADDRESS <i>3738-10th</i>   |   |                               |

|   |  |  |
|---|--|--|
| 1B. <i>490X</i><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) | CAUSE OF DEATH<br>(A) <i>Extracerebral Abscess, Rt Side</i><br>DUE TO    | INTERVAL BETWEEN ONSET AND DEATH<br><i>10 days</i> |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  | (B) <i>Left lower lobe, Pneumonia</i><br>DUE TO                          | <i>2 weeks</i>                                     |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   | (C) <i>Cerebral Abscess, possible</i><br><i>Paternal Senile Dementia</i> |  |

|  |   |  |
|--|---|--|
| 19A. DATE OF OPERATIONS <i>1/22/51 - 1/31/51</i>   | 19B. MAJOR FINDINGS OF OPERATIONS <i>Increased intra cranial pressure, Extra cranial abscess, rt.; pulmonary atelectasis, left lung</i> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>   | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)         |
| 21D. TIME (Month) (Day) (Year) (Hour) INJURY   | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                                  | 21F. HOW DID INJURY OCCUR?   |
| 22. I hereby certify that I attended the deceased from <i>1/30</i> , 1951, to <i>2/1</i> , 1951, that I last saw the deceased alive on <i>2/1</i> , 1951, and that death occurred at <i>2:40</i> p.m., from the causes and on the date stated above. |   |  |
| 23A. SIGNATURE <i>M. Conway</i>  | 23B. ADDRESS <i>St Agnes Hospital #29</i>   | 23C. DATE SIGNED <i>2/1/51</i>   |
| 24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>  | 24B. DATE <i>Feb 5, 1951</i>  | 24C. NAME OF CEMETERY OR CREMATORY <i>Parkwood</i>                               |
| 24D. LOCATION (City, town, or county) <i>Balt</i>  | 24E. (State) <i>Md</i>  | 25. FUNERAL DIRECTOR <i>A. J. Evans</i>  |
| DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 2 1951</i>   | REGISTRAR'S SIGNATURE <i>W. J. Williams</i>   | ADDRESS <i>1400 S. Charles St</i>  |





645  
51 0989BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 0989  
Registered No.

BIRTH NO. 51-01189

1. NAME OF DECEASED  
(Type or Print)

MICHAEL WAYNE ORLANDO

2. DATE  
OF  
DEATH

1/27/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

MARYLAND GENERAL HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, If institution: residence  
A. STATE B. COUNTY before admission)

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

2040 E. PRESTON ST.

C. Length of stay in Baltimore

12

Yes  
Mrs.  
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

1/15/51

9. AGE (In years  
last birthday) Months: Days

12

If Under 1 Year  
If Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

NONE

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

JOSEPH ORLANDO

14. MOTHER'S MAIDEN NAME

MARTHA UHL

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

MRS. MARTHA ORLANDO 2040 E. PRESTON ST.

18. 756.71

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) CACHEXIA

DUE TO

10 DAYS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) INTESTINAL OBSTRUCTION

DUE TO

12 DAYS

(C) POSTOPERATIVE ADHESIONS

10 DAYS

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

1/17/51

PARTIAL OBSTRUCTION, CAUSE UNDETERMINED

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE  
WORK AT WORK22. I hereby certify that I attended the deceased from 1/15, 1951, to 1/27, 1951, that I last saw the  
deceased alive on 1/26, 1951, and that death occurred at 12:15 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Paul G. Harold

M. D.

23B. ADDRESS

Maryland General Hosp.

23C. DATE SIGNED

1/29/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

JOHN HOPKINS MEDICAL SCHOOL JAN 31 1951

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL

Commissioner of Health

ADDRESS

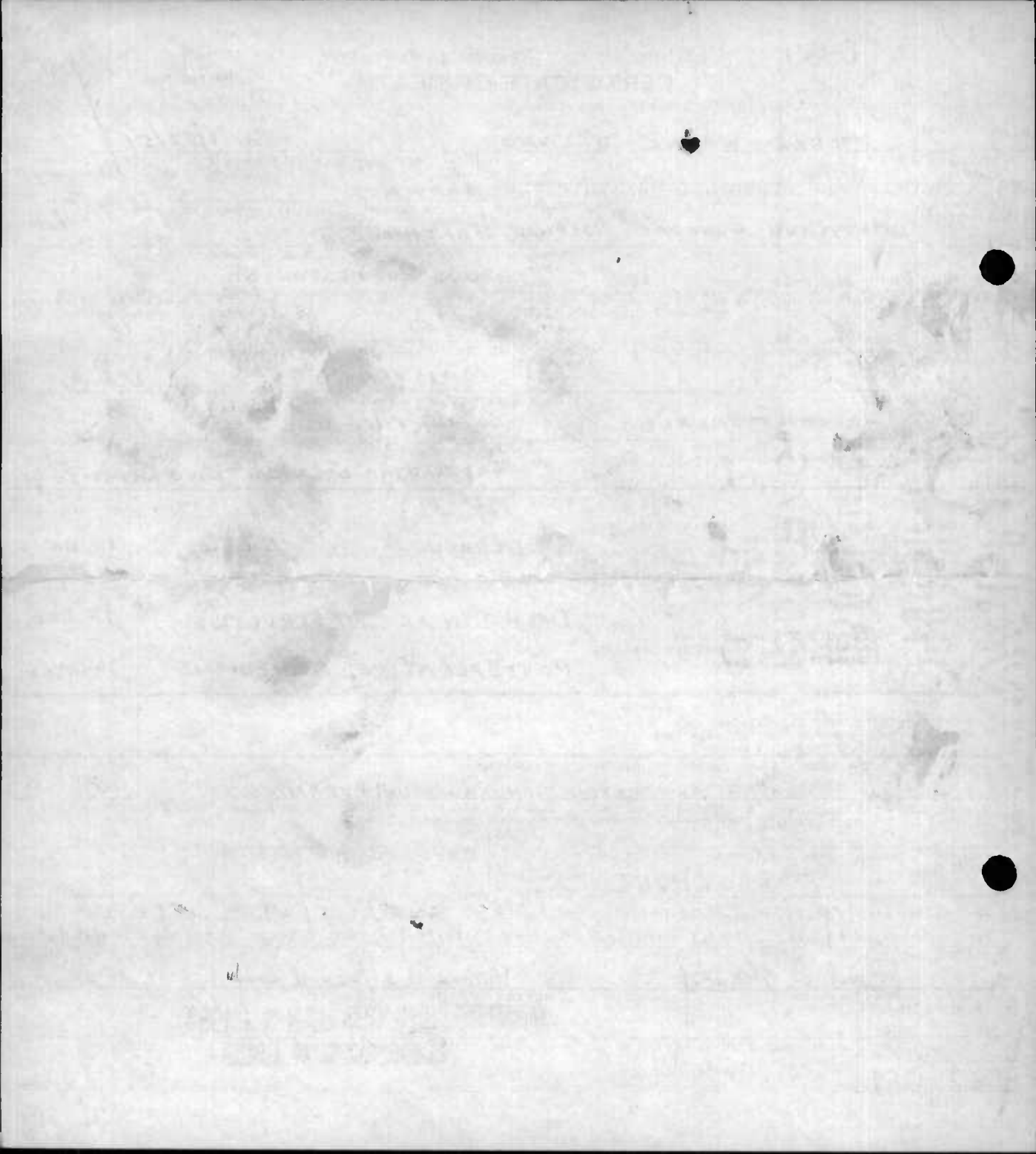
FEB 2 1951

VS 150

9510000980

1579

MEDICAL CERTIFICATION



510  
0990

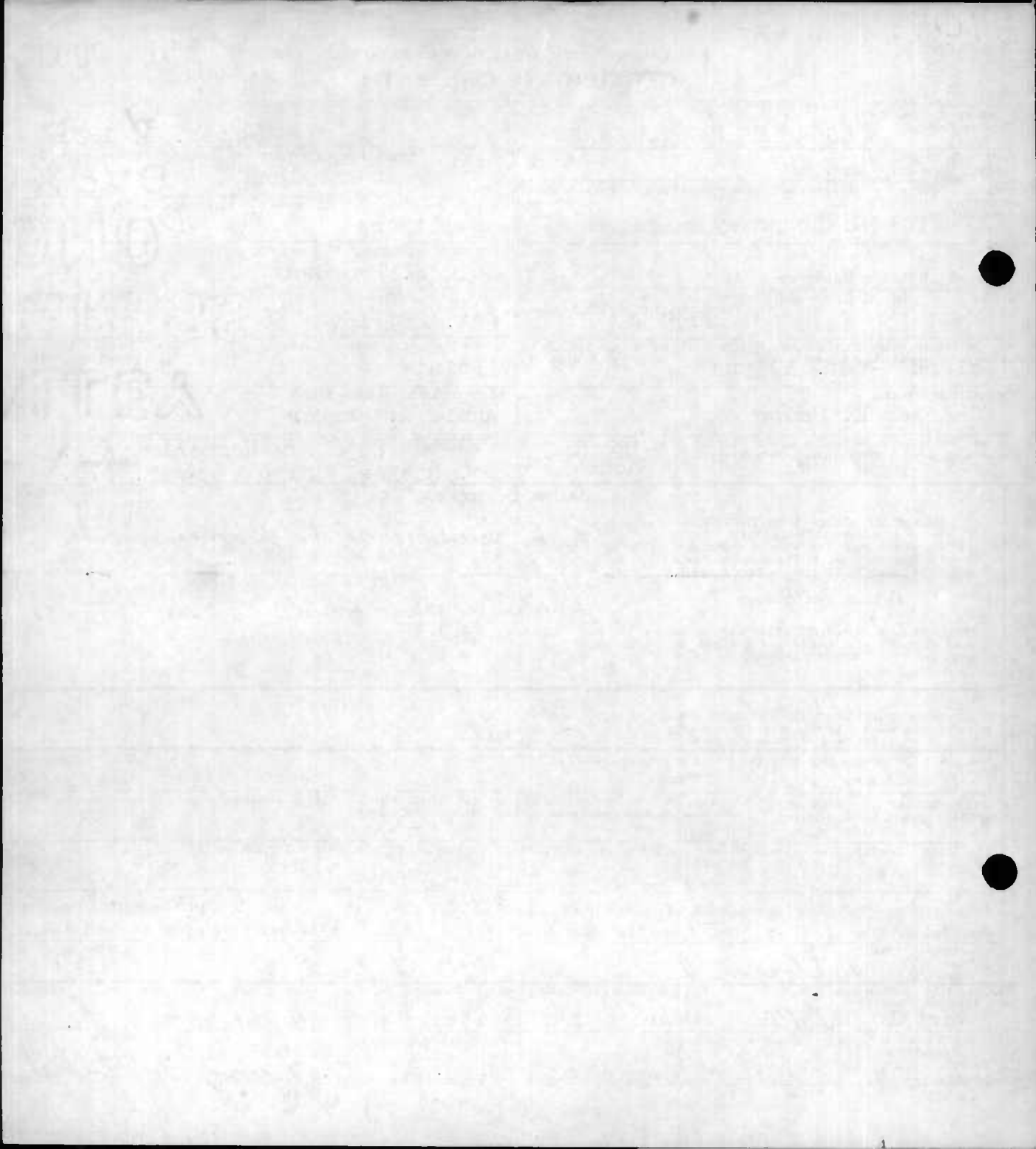
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0980  
Registered No.

|   |  |   |  |
|---|--|---|--|
| 1. NAME OF DECEASED<br>(Type or Print) <b>CHARLES HARPER SNAPP</b>  |  | 2. DATE OF DEATH <b>Feb. 1, 1951</b>  |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland   |  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>Maryland</b> B. COUNTY |  |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)<br><b>610 N. Broadway</b>  |  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore</b>                            |  |
| D. STREET ADDRESS (If rural, give location)<br><b>610 N. Broadway</b>   |  |   |  |
| 5. SEX <b>M</b>   |  | 6. COLOR OR RACE <b>W</b>   |  |
| 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b>   |  | 8. DATE OF BIRTH <b>Oct. 28, 1894</b>   |  |
| 9. AGE (In years last birthday) <b>56</b>   |  | 10. Under 1 Year Months Days Hours Min.   |  |
| 11. BIRTHPLACE (State or foreign country)<br><b>Virginia</b>  |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>  |  |
| 13. FATHER'S NAME<br><b>Charles E. Snapp</b>  |  | 14. MOTHER'S MAIDEN NAME<br><b>Annie A. Harper</b>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)<br><b>yes WWI</b>   |  | 16. SOCIAL SECURITY NO.<br><b>none</b>  |  |
| 17. INFORMANT <b>8236 New Hampshire Ave. Mrs. Rachael Snapp Wash. D.C.</b>  |  |   |  |
| 18. <b>443X I</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Cerebro vascular accident (Hemorrhage)</b><br>DUE TO<br><b>(A)</b><br><b>Hypertensive arterio sclerosis C.V. disease</b><br>DUE TO<br><b>(B)</b><br><b>(marked)</b><br><b>(C)</b> |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>1 hr</b><br><b>15 yrs</b>  |  |
| 19. ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br><b>none</b>   |  |   |  |
| 20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.<br><b>none</b>  |  |   |  |
| 19A. DATE OF OPERATION <b>none</b>  |  | 19B. MAJOR FINDINGS OF OPERATION  |  |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <b>none</b>   |  | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                                    |  |
| 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)  |  | 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>none</b>   |  |
| 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  | 21F. HOW DID INJURY OCCUR? <b>none</b>  |  |
| 22. I hereby certify that I attended the deceased from <b>8/19</b> , 19 <b>49</b> , to <b>2/1</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>2/1</b> , 19 <b>51</b> , and that death occurred at <b>1 A.m.</b> , from the causes and on the date stated above.   |  |   |  |
| 23A. SIGNATURE<br><b>Maurice Feldman Jr</b>   |  | 23B. ADDRESS<br><b>817 St Paul St</b>   |  |
| 23C. DATE SIGNED<br><b>2/1/51</b>   |  |   |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |  | 24B. DATE<br><b>2/5/51</b>  |  |
| 24C. NAME OF CEMETERY OR CREMATORY<br><b>Arlington National Cemetery</b>  |  | 24D. LOCATION (City, town, or county) (State)<br><b>Arlington, Va.</b>  |  |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>FEB 2 1951</b>   |  | REGISTRAR'S SIGNATURE<br><b>William Williams</b>  |  |
| VS 150  |  | 25. FUNERAL DIRECTOR<br><b>HENRY SANDER &amp; SONS, INC.</b><br><b>BALTO. 13, MD.</b>                                       |  |
|   |  | ADDRESS<br><b>Seng F. Sander</b>  |  |

MEDICAL CERTIFICATION

390 0000 989 937



000  
0991

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0991

Registered No.

|   |                               |  |                                      |  |   |
|---|-------------------------------|--|--------------------------------------|--|---|
| BIRTH NO.   |                               | 1. NAME OF DECEASED<br>(Type or Print) <u>George J. Raue</u>   |                                      | 2. DATE OF DEATH <u>Jan. 31, 1951</u>  |   |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland <u>2016 N. Wolfe St.</u>  |                               | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <u>Maryland</u> B. COUNTY <u>10-01</u>   |                                      |  |   |
| B. FULL NAME OF HOSPITAL OR INSTITUTION   |                               | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>  |                                      |  |   |
| D. STREET ADDRESS (If rural, give location) <u>1220 Greenmount Ave</u>  |                               | E. LENGTH OF STAY IN BALTIMORE<br>Yrs. <u>0</u> Mos. <u>0</u> Days <u>0</u>  |                                      |  |   |
| 5. SEX <u>Male</u>  | 6. COLOR OR RACE <u>White</u> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>   | 8. DATE OF BIRTH <u>May 14, 1893</u> | 9. AGE (In years last birthday) <u>57</u>  | 10. Under 1 Year Months: Days Hours: Min. |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bookstore operator</u>   |                               | 10B. KIND OF BUSINESS OR INDUSTRY <u>Home Wood Auto</u>  |                                      | 11. BIRTHPLACE (State or foreign country) <u>Balto</u>   |   |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>  |                               | 13. FATHER'S NAME <u>John Raue</u>   |                                      | 14. MOTHER'S MAIDEN NAME <u>Margaret Beiger</u>  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>No</u>   |                               | 16. SOCIAL SECURITY NO.  |                                      | 17. INFORMANT ADDRESS <u>Mrs. Anna M. Raue 1220 Greenmount Ave</u>                                     |   |
| 18. <u>196x</u> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) |                               | CAUSE OF DEATH<br>(A) <u>Coronary Thrombosis</u><br>DUE TO   |                                      | INTERVAL BETWEEN ONSET AND DEATH <u>?</u>  |   |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  |                               | (B) <u>Secondary carcinoma of liver</u><br>DUE TO  |                                      | (C) <u>?</u>   |   |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  |                               | 19A. DATE OF OPERATION <u>0</u>  |                                      | 19B. MAJOR FINDINGS OF OPERATION   |   |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>   |                               | 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)   |                                      | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)              |   |
| 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)  |                               | 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  |                                      | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |   |
| 21F. HOW DID INJURY OCCUR?  |                               | 22. I hereby certify that I attended the deceased from <u>27 Jan, 1951</u> , to <u>31 Jan, 1951</u> , that I last saw the deceased alive on <u>30 Jan, 1951</u> , and that death occurred at <u>5:30 P. m.</u> , from the causes and on the date stated above. |                                      | 23A. SIGNATURE <u>S. Schenkel</u>  |   |
| 23B. ADDRESS <u>714 E. Preston St</u>   |                               | 23C. DATE SIGNED <u>2 Feb. 1951</u>  |                                      | 24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  |   |
| 24B. DATE <u>Feb 3, 1951</u>  |                               | 24C. NAME OF CEMETERY OR CREMATORY <u>Oak Lawn</u>   |                                      | 24D. LOCATION (City, town, or county) (State) <u>Baltimore</u>   |   |
| 25. FUNERAL DIRECTOR ADDRESS <u>Rita Wiedefeld 900 E. Biddle St</u>   |                               | 26. REGISTRAR'S SIGNATURE <u>Wilmington Williams</u>   |                                      | 27. DATE RECEIVED BY LOCAL REGISTRAR <u>FEB 2 1951</u>   |   |

MEDICAL CERTIFICATION

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OFFICE OF THE DIRECTOR

WASHINGTON, D. C.

REPORT OF THE DIRECTOR  
BUREAU OF LAND MANAGEMENT  
WASHINGTON, D. C.



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **51 0992**

|   |                              |   |   |   |                               |
|---|------------------------------|---|---|---|-------------------------------|
| 1. NAME OF DECEASED<br>(Type or Print) <b>Lewis A. Hill</b>   |                              |   | 2. DATE OF DEATH <b>2/1/51</b>  |   |                               |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland   |                              |   | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>Maryland</b> B. COUNTY |   |                               |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR INSTITUTE<br><b>1608 Rosedale St.</b> |                              |   | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore</b>                            |   |                               |
| Length of stay in Baltimore <b>Life</b> Yrs. Mos. Days  |                              |   | D. STREET ADDRESS (If rural, give location)<br><b>1608 Rosedale St.</b>   |   |                               |
| 5. SEX<br><b>M</b>  | 6. COLOR OR RACE<br><b>W</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>W</b> | 8. DATE OF BIRTH<br><b>4/26/1884</b>  | 9. AGE (In years, last birthday)<br><b>66</b> | 10. Under 1 Year Months: Days |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Contractor</b>                          |                              |   | 10B. KIND OF BUSINESS OR INDUSTRY<br><b>Self Employed</b>   |   |                               |
| 11. BIRTHPLACE (State or foreign country)<br><b>Baltimore Md.</b>   |                              |   | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>  |   |                               |
| 13. FATHER'S NAME<br><b>Lewis Hill</b>  |                              |   | 14. MOTHER'S MAIDEN NAME<br><b>Emma Borgealt</b>  |   |                               |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)<br><b>No</b>  |                              |   | 16. SOCIAL SECURITY NO.<br><b>No</b>  |   |                               |
| 17. INFORMANT<br><b>Ellsworth Hill</b>  |                              |   | ADDRESS<br><b>1608 Rosedale St.</b>   |   |                               |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 18. <b>162 X I</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Anterior wall</b>                 |  |  | CAUSE OF DEATH<br>(A) <b>Bronchiogenic Carcinoma</b><br>DUE TO<br>(B)<br>DUE TO<br>(C) |  |  |
| 19A. DATE OF OPERATION<br><b>0</b>  |  |  | 19B. MAJOR FINDINGS OF OPERATION   |  |  |
| 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>  |  |  |  |  |  |
| 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)  |  | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)              |  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) |  |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY   |  | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21F. HOW DID INJURY OCCUR?   |  |
| 22. I hereby certify that I attended the deceased from <b>Nov. 15</b> , 1950, to <b>Feb. 1</b> , 1951, that I last saw the deceased alive on <b>Jan 28, 1951</b> , and that death occurred at <b>9:30 Am.</b> , from the causes and on the date stated above. |  |  |  |  |  |
| 23A. SIGNATURE<br><b>Ellsworth Hill</b>   |  | 23B. ADDRESS<br><b>4508 Edmondson Village</b>  |  | 23C. DATE SIGNED<br><b>2/1/51</b>  |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |  | 24B. DATE<br><b>2/3/51</b>   |  | 24C. NAME OF CEMETERY OR CREMATORY<br><b>Woodlawn</b>                    |  |
| 24D. LOCATION (City, town, or county)<br><b>Woodlawn Md.</b>  |  | 25. FUNERAL DIRECTOR<br><b>John T. Stansbury</b>   |  | ADDRESS<br><b>2700 Edmondson Ave</b>                                     |  |

**FEB 2 1951**

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 0993

|   |                                  |   |  |
|---|----------------------------------|---|--|
| 1. NAME OF DECEASED<br>(Type or Print) <b>ELDRED C. SMITH</b>   |                                  | 2. DATE OF DEATH <b>February 1, 1951</b>  |  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland   |                                  | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>Maryland</b> B. COUNTY |  |
| B. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>Union Memorial Hospital</b>   |                                  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><b>Baltimore</b>                            |  |
| Length of stay in Baltimore<br>Yrs. Mos. Days   |                                  | D. STREET ADDRESS (If rural, give location)<br><b>502 Chateau Avenue</b>  |  |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b>   | 8. DATE OF BIRTH<br><b>8/13/1893</b>         |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Taxi Driver</b> |                                  | 10B. KIND OF BUSINESS OR INDUSTRY<br><b>Highway Cab Co</b>  | 9. AGE (In years last birthday)<br><b>57</b> |
| 13. FATHER'S NAME<br><b>Moses Smith</b>   |                                  | 11. BIRTHPLACE (State or foreign country)<br><b>Md.</b>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)<br><b>Yes W. W. #1</b>         |                                  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.</b>   |  |
| 16. SOCIAL SECURITY NO.<br><b>212-12-2377</b>   |                                  | 14. MOTHER'S MAIDEN NAME<br><b>Catherine Heyman</b>   |  |
| 17. INFORMANT<br><b>Regina Smith</b>  |                                  | ADDRESS<br><b>502 Chateau Ave</b>   |  |

18. **4 to 1**  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  
**Coronary occlusion**  
(A) DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  
(B) DUE TO  
(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

|  |   |   |
|--|---|---|
| 19A. DATE OF OPERATION   | 19B. MAJOR FINDINGS OF OPERATION  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH. | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)            |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21F. HOW DID INJURY OCCUR?  |

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE  
**William V. Smith**  
M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED  
**Feb. 1, 1951**

24A. BURIAL, CREMATION, REMOVAL (Specify)  
**Burial**

24B. DATE  
**2/5/51**

24C. NAME OF CEMETERY OR CREMATORY  
**U.S. National**

24D. LOCATION (City, town, or county) (State)  
**Balt. Md.**

DATE RECEIVED BY LOCAL REGISTRAR  
**FEB 2 1951**

REGISTRAR'S SIGNATURE  
**William V. Smith**

25. FUNERAL DIRECTOR  
**Wm Cook Inc. 1217 B. Paul St.**

ADDRESS



099A

BIRTH NO. 9541

|  |  |   |  |                                       |                                  |
|--|--|---|--|---------------------------------------|----------------------------------|
| 1. NAME OF DECEASED<br>(Type or Print)   |  | ELLEN C. GILBERT  |  | 2. DATE OF DEATH<br>January 31, 1951  |                                  |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland  |  | 4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)<br>A. STATE<br>Maryland |  | B. COUNTY                             |                                  |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR INSTITUTION<br>Union Memorial Hospital |  | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br>Baltimore                     |  | 27-06                                 |                                  |
| Length of stay in Baltimore  |  | D. STREET ADDRESS (If rural, give location)<br>2708 Hemlock Avenue  |  |                                       |                                  |
| 5. SEX<br>Female   | 6. COLOR OR RACE<br>White              | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br>Widowed  | 8. DATE OF BIRTH<br>Aug. 27, 1897                              | 9. AGE (In years last birthday)<br>53 | 10. Under 1 Year<br>Months: Days |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Clerk                                       |  | 10B. KIND OF BUSINESS OR INDUSTRY<br>Social Security  | 11. BIRTHPLACE (State or foreign country)<br>Trappe, Maryland  |                                       | 12. CITIZEN OF WHAT COUNTRY?     |
| 13. FATHER'S NAME<br>Charles H. Saulsburg  |  | 14. MOTHER'S MAIDEN NAME<br>Ida M. White  |  |                                       |                                  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)  | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO.   | 17. INFORMANT ADDRESS<br>Idelle K. Hutchinson, 875 Park Avenue |                                       |                                  |

|   |  |                              |                                  |
|---|--|------------------------------|----------------------------------|
| 18.   | 289.1 I  | CAUSE OF DEATH               | INTERVAL BETWEEN ONSET AND DEATH |
|   | DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) | (A) Fatty liver              |                                  |
|   | ANTECEDENT CAUSES  | (B) Myocardial insufficiency |                                  |
|   | DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  | (C)                          |                                  |
| II<br>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. |  |                              |                                  |

|               |  |  |  |  |   |  |
|---------------|--|--|--|--|---|--|
| MEDICAL CHART | 19A. DATE OF OPERATION <u>6</u>  |  | 19B. MAJOR FINDINGS OF OPERATION   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
|               | 21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH. |  | 21B. PLACE OF INJURY (e. g., io or about home, farm, factory, street, office bldg., etc.)                    |  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)            |  |
|               | 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  |  | 21E. INJURY OCCURRED<br>m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21F. HOW DID INJURY OCCUR?  |  |

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

|   |   |  |   |                                  |
|---|---|--|---|----------------------------------|
| 23a. SIGNATURE<br><i>William V. Smith</i>           |   | 23b. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/><br>ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/><br>M.D. MEDICAL INVESTIGATOR..... <input checked="" type="checkbox"/> |   | 23c. DATE SIGNED<br>Feb. 1, 1951 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br>burial | 24b. DATE<br>2/3/51                               | 24c. NAME OF CEMETERY OR CREMATORY<br>Spring Hill Cemetery   | 24d. LOCATION (City, town, or county) (State)<br>Easton, Maryland |                                  |
| DATE RECEIVED BY LOCAL REGISTRAR<br>FEB 2 1951      | REGISTRAR'S SIGNATURE<br><i>Wm. C. Cook, Inc.</i> | 25. FUNERAL DIRECTOR ADDRESS<br>Wm. C. Cook, Inc. 1217 St. Paul Street   |   |                                  |

VS 151

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SALTWATER CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

INVESTIGATION

DATE OF DEATH  
PLACE OF DEATH

NAME OF DECEASED  
AGE

SEX

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

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# CERTIFICATE CORRECTED

2-14-51

BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No. 51 0995

BIRTH NO. 51 0995  
1. NAME OF DECEASED  
(Type or Print)

Josefa Markovitz (Markovich) (Markowitz)

2. DATE OF DEATH Jan. 30, 1951

3. PLACE OF DEATH:  
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE Maryland B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)  
1510 Filbert Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore

D. STREET ADDRESS (If rural, give location)  
1510 Filbert Street

Length of stay in Baltimore Yrs. Mos. Days

5. SEX female 6. COLOR OR RACE white 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed

8. DATE OF BIRTH March 20, 1872 9. AGE (In years last birthday) 78 10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife 10B. KIND OF BUSINESS OR INDUSTRY own home

11. BIRTHPLACE (State or foreign country) Czechoslovakia 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME ? Radislovic

14. MOTHER'S MAIDEN NAME ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) 16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS Mary Markovitz, 1510 Filbert Street

18. 331X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) cerebral hemorrhage (A) DUE TO ANTECEDENT CAUSES (B) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertension (C) DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. %

INTERVAL BETWEEN ONSET AND DEATH 14 days

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY 21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-15-1951 to 1-30-1951, that I last saw the deceased alive on 1-30-1951, and that death occurred at 10:42 p.m., from the causes and on the date stated above.

23A. SIGNATURE Eugene Schmitzer M. D. 23B. ADDRESS 3904 S Hanover 23C. DATE SIGNED 2-1-51

24A. BURIAL, CREMATION, REMOVAL (Specify) burial 24B. DATE 2/3/51 24C. NAME OF CEMETERY OR CREMATORY Holy Cross Cemetery 24D. LOCATION (City, town, or county) (State) Anne Arundel County, Maryland

DATE RECEIVED BY LOCAL REGISTRAR FEB 2 1951 REGISTRAR'S SIGNATURE Wm. Cork, Inc. 25. FUNERAL DIRECTOR ADDRESS 1217 St. Paul Street

(Eugene Schmitzer) 10220994 83a

MEDICAL CERTIFICATION



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624  
51 0996BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

3-4 51 0996

|   |                                  |   |  |  |   |  |
|---|----------------------------------|---|--|--|---|--|
| 1. NAME OF DECEASED<br>(Type or Print) <b>Mattie V. Dressel</b>   |                                  |   | 2. DATE OF DEATH<br><b>Jan. 31, 1951</b>   |  |   |  |
| 3. PLACE OF DEATH:<br>A. <b>Baltimore City, Maryland</b>  |                                  |   | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE <b>Maryland</b><br>B. COUNTY |  |   |  |
| B. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>2048 Kennedy Avenue</b>   |                                  |   | C. CITY OR TOWN (If outside corporate limits, write JURAT and give township)<br><b>Baltimore</b>                               |  |   |  |
| D. STREET ADDRESS (If rural, give location)<br><b>2048 Kennedy Avenue</b>   |                                  |   | E. LENGTH OF STAY IN BALTIMORE<br>Yrs.<br>Mos.<br>Days   |  |   |  |
| 5. SEX<br><b>female</b>   | 6. COLOR OR RACE<br><b>white</b> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)<br><b>married</b>   | 8. DATE OF BIRTH<br><b>Feb. 20, 1888</b>   | 9. AGE (In years last birthday)<br><b>62</b>                             | 10. Under 1 Year<br>Months: Days: Hours: Min. |  |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>housewife</b>   |                                  |   | 10B. KIND OF BUSINESS OR INDUSTRY<br><b>own home</b>   |  |   |  |
| 11. BIRTHPLACE (State or foreign country)<br><b>Baltimore, Maryland</b>   |                                  |   | 12. CITIZEN OF WHAT COUNTRY?   |  |   |  |
| 13. FATHER'S NAME<br><b>Alexander H. B. Mowbray</b>   |                                  |   | 14. MOTHER'S MAIDEN NAME<br><b>Ella Taylor</b>   |  |   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)<br>(If yes, give war or dates of service)   |                                  |   | 16. SOCIAL SECURITY NO.  |  |   |  |
| 17. INFORMANT<br><b>George E. Dressel, 2048 Kennedy Avenue</b>  |                                  |   | ADDRESS  |  |   |  |
| 18. <b>447X I</b><br>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br><b>Cardiac Failure</b><br>(A) DUE TO<br><b>Arteriosclerosis</b><br>(B) DUE TO<br><b>Hypertension</b><br>(C) DUE TO<br><b>Infectious Arthritis</b> |                                  |   |  |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>24 hrs.</b><br><b>10 yrs.</b><br><b>10 yrs.</b><br><b>15 yrs.</b> |
| 19A. DATE OF OPERATION<br><b>0</b>  |                                  |   | 19B. MAJOR FINDINGS OF OPERATION   |  |   |  |
| 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>  |                                  |   |  |  |   |  |
| 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)  |                                  | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)                 |  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) |   |  |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY   |                                  | 21E. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21F. HOW DID INJURY OCCUR?   |   |  |
| 22. I hereby certify that I attended the deceased from <b>1937</b> to <b>Jan. 31, 1951</b> , that I last saw the deceased alive on <b>Jan 30, 1951</b> , and that death occurred at <b>9:30 A.M.</b> , from the causes and on the date stated above.  |                                  |   |  |  |   |  |
| 23A. SIGNATURE<br><b>Berbert Goldstone M.D.</b>   |                                  |   | 23B. ADDRESS<br><b>1810 Antaw Pl.</b>  |  |   |  |
| 23C. DATE SIGNED<br><b>Feb. 1, 1951</b>   |                                  |   |  |  |   |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)<br><b>burial</b>  |                                  | 24B. DATE<br><b>2/3/51</b>  |  | 24C. NAME OF CEMETERY OR CREMATORY<br><b>Parkwood Cemetery</b>           |   |  |
| 24D. LOCATION (City, town, or county) (State)<br><b>Parkville, Maryland</b>   |                                  |   |  |  |   |  |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>FEB 2 1951</b>   |                                  | REGISTRAR'S SIGNATURE<br><b>Wm. Cook, Jr.</b>   |  | 25. FUNERAL DIRECTOR<br><b>Wm. Cook, Jr., 1217 St. Paul Street</b>       |   |  |

VS 150

156a

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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

51 0997

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

**CATHERINE PETERS**

2. DATE OF DEATH

**2-1-51**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE **Maryland** B. COUNTY **Baltimore**

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

**Union Memorial**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
**HOWSON**

D. STREET ADDRESS (If rural, give location)

**504 Worcester Rd**

5. SEX

**F**

6. COLOR OR RACE

**W**

7. ~~SINGLE~~ MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

**OCT. 18, 1869**

9. AGE (in years last birthday)

**81**

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**housewife**

10B. KIND OF BUSINESS OR INDUSTRY

**at home**

11. BIRTHPLACE (State or foreign country)

**Baltimore**

12. CITIZEN OF WHAT COUNTRY?

**USA**

13. FATHER'S NAME

**Charles Strupp**

14. MOTHER'S MAIDEN NAME

**Margretha Fink**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. **470.1**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Myocardial Degeneration**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **coronary sclerosis**

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **1-29-**, 19**51**, to **2-1-**, 19**51**, that I last saw the deceased alive on **2-1-**, 19**51**, and that death occurred at **2:23 A. M.**, from the causes and on the date stated above.

23A. SIGNATURE

**Francis Hancore Watt**

M. D.

23B. ADDRESS

**Union Memorial Hosp.**

23C. DATE SIGNED

**2-1-51**

24A. BURIAL, CREMATION, REMOVAL (Specify)

**Burial**

24B. DATE

**2/5/51**

24C. NAME OF CEMETERY OR CREMATORY

**Cedar Hill Cem.**

24D. LOCATION (City, town, or county) (State)

**Balto., Md.**

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

**FEB 2 1951**

**Thm. J. Tiekner & Sons - Balto.**

VS 150

19510200996

93D

MEDICAL CERTIFICATION

10-1-1

10-1-1

10-1-1

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH51 0938  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

DAVID BERRY

2. DATE  
OF  
DEATH

2/2/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

MERCY HOSP.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

W. Va.

B. COUNTY

V-45

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

KEYSER

D. STREET ADDRESS (If rural, give location)

182 S. Main St.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

12/23/14

9. AGE (In years  
last birthday)

36

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Fire man

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

WESTON, W. VA.

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

Emory R. BERRY

14. MOTHER'S MAIDEN NAME

Margaret Woodell

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Magdalene Berry - wife

18. 223X I  
DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

BRAIN TUMOR

(A) DUE TO

(over)

INTERVAL BETWEEN  
ONSET AND DEATH

8 mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

Increased Intracranial Press.

10 hrs.

(C) DUE TO

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Cerebellar Exploration

19A. DATE OF OPERATION

2/1/51

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/24, 1951, to 2/2, 1951, that I last saw the  
deceased alive on 2/1, 1951, and that death occurred at 1:20 A.M., from the causes and on the date stated above.

23A. SIGNATURE

August Kutz

M. D.

23B. ADDRESS

Mary Hospital

23C. DATE SIGNED

2/2/51

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Removal

24B. DATE

2/2/51

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

Weston, W. Va.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

FEB 2 1951

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Wm. J. Tucker &amp; Sons, Baltimore, Md.



Was this a malignant tumor of  
the brain? If so, was this the  
primary site? If secondary,  
please specify primary site, if known.

See Document File 51-0998

"not malignant"

"Aneurysm of basilar artery"

5/11/51 ES



452  
09993

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

51 0999  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

*Hank*  
*Genevieve W. Williams*

2. DATE  
OF  
DEATH

*1-31-51*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

*Univ Hosp*

4. USUAL RESIDENCE (Where deceased lived, If institution: residence  
A. STATE B. COUNTY before admission)

*MD.*

*Wicomico*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

*Salisbury 7212*

D. STREET ADDRESS (If rural, give location)

*143 W. College Ave*

5. SEX

*F*

6. COLOR OR RACE

*W*

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

*WIDOWED*

8. DATE OF BIRTH

*June 4, 1875*

9. AGE (in years  
last birthday)

*75*

If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

*housewife*

10B. KIND OF BUSINESS OR  
INDUSTRY

*at home*

13. FATHER'S NAME

*Hugh M. Hank*

11. BIRTHPLACE (State or foreign country)

*Alabama*

12. CITIZEN OF  
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

*Unknown*

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

*Mr. Hugh L. P. Williams, Salisbury, Md.*

18.

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) *Arterio-nephrosclerosis*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) *Generalized Arteriosclerosis*

DUE TO *Malnutrition*

(C) *Uremia*  
*Dehydration*

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

22. I hereby certify that I attended the deceased from *1-27*, 1951, to *1-31*, 1951, that I last saw the  
deceased alive on *1-31*, 1951, and that death occurred at *4:00* Pm., from the causes and on the date stated above.

23A. SIGNATURE

*S. J. Hank*

23B. ADDRESS

*Univ. Hosp*

23C. DATE SIGNED

*1-31-51*

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

*Burial*

24B. DATE

*2/3/51*

24C. NAME OF CEMETERY OR CREMATORY

*Parson's Cem.*

24D. LOCATION (City, town, or county)

*Salisbury, Md.*

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

*FEB 2 1951*

REGISTRAR'S SIGNATURE

*William Williams, M.D.*

25. FUNERAL DIRECTOR

*Pill & Johnson - Salisbury, Md.*

ADDRESS

87

SALE  
CITY

560  
1000  
ND-143087  
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 51 1000

|   |                        |  |                                |
|---|------------------------|--|--------------------------------|
| 1. NAME OF DECEASED<br>(Type or Print) Henry Martin Hamer   |                        | 2. DATE OF DEATH Jan. 30, 1951   |                                |
| 3. PLACE OF DEATH:<br>A. Baltimore City, Maryland   |                        | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>A. STATE Maryland B. COUNTY |                                |
| B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION location)<br>Baltimore City Hospitals<br>4940 Eastern Avenue |                        | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br>Baltimore                            |                                |
| D. STREET ADDRESS (If rural, give location)<br>806 S. Ellwood Ave. (24)   |                        | E. LENGTH OF STAY IN BALTIMORE Life  |                                |
| 5. SEX Male   | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single   | 8. DATE OF BIRTH Dec. 24, 1889 |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Storekeeper, retired   |                        | 10B. KIND OF BUSINESS OR INDUSTRY  |                                |
| 13. FATHER'S NAME (D) Adam M.   |                        | 14. MOTHER'S MAIDEN NAME (D) Rebecca Kitter  |                                |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)  |                        | 16. SOCIAL SECURITY NO.  |                                |
| 17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Avenue   |                        | 12. CITIZEN OF WHAT COUNTRY?   |                                |

|   |  |                                  |
|---|--|----------------------------------|
| 18. CAUSE OF DEATH  |  | INTERVAL BETWEEN ONSET AND DEATH |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH<br>(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)<br>(A) Pulmonary Tuberculosis Bilateral<br>DUE TO |  | 4 Yrs.                           |
| ANTECEDENT CAUSES<br>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.<br>(B) Myocardio Failure secondary to cor pulmonale<br>DUE TO  |  | 1 Yr.                            |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.   |  |                                  |

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| 19A. DATE OF OPERATION   |  | 19B. MAJOR FINDINGS OF OPERATION  |  | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |  |
| 21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH  |  | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)                 |  | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)            |  |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  |  | 21E. INJURY OCCURRED<br>WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK |  | 21F. HOW DID INJURY OCCUR?  |  |
| 22. I hereby certify that I attended the deceased from 1-15, 1951, to 1-30, 1951, that I last saw the deceased alive on 1-30, 1951, and that death occurred at 9:30 a. m., from the causes and on the date stated above. |  |   |  |   |  |
| 23A. SIGNATURE J. S. Rogers M. D.  |  | 23B. ADDRESS 4940 Eastern Avenue  |  | 23C. DATE SIGNED 1-30-51  |  |
| 24A. BURIAL, CREMATION, REMOVAL (Specify) Burial   |  | 24B. DATE 2/2/51  |  | 24C. NAME OF CEMETERY OR CREMATORY Mt. Carmel                                       |  |
| 24D. LOCATION (City, town, or county) (State) Balt. Md.  |  | 24E. DATE RECEIVED BY LOCAL REGISTRAR FEB 2 1951  |  | 24F. REGISTRAR'S SIGNATURE  |  |
| 24G. FUNERAL DIRECTOR Clarence F. Hoffmann   |  | 24H. ADDRESS 1659 Broadway  |  | 24I. TO BE APPROVED BY Medical Examiner   |  |

NOT A MEDICAL EXAMINER'S CASE  
DR. CHASTER LUBINSKI  
BY: *William J. Smith* M.D.  
~~CHIEF~~ OR ASST. MEDICAL EXAMINER